



## REGIONAL MUNICIPALITY OF WATERLOO COMMUNITY SERVICES COMMITTEE AGENDA

Tuesday, April 9, 2013  
1:00 p.m.  
Regional Council Chamber  
150 Frederick Street, Kitchener

1. MOTION TO RECONVENE INTO OPEN SESSION
2. DECLARATIONS OF PECUNIARY INTEREST UNDER THE *MUNICIPAL CONFLICT OF INTEREST ACT*
3. DELEGATIONS

- a) Ellen Desjardins, [Waterloo Region Food Charter](#), Re: Waterloo Region Food System Round Table 1

### CONSENT AGENDA ITEMS

Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

4. REQUEST TO REMOVE ITEMS FROM CONSENT AGENDA
5. MOTION TO APPROVE ITEMS OR RECEIVE FOR INFORMATION

- a) [P-13-033](#), Volunteer Programs at Region of Waterloo Museums – 2012 (Information) 7
- b) [SS-13-011](#), Early Learning & Child Care Quality Initiatives Update (Approval) 12
- c) [SS-13-012](#), New Service Contract, Children's Services (Approval) 19
- d) Ministry of Municipal Affairs and Housing, Re: Business Case Request for Funding [Community Homelessness Prevention Initiative](#) (CHPI) 21
- e) Memo: Cyberbullying [RAP Sheet](#); Elder Abuse [RAP Sheet](#) 22
- f) Council Enquiries and Requests for Information [Tracking List](#) 24

### REGULAR AGENDA RESUMES

**6. REPORTS – PLANNING, HOUSING & COMMUNITY SERVICES**

- a) [P-13-034](#), Community Housing Update and Proposed 2013 Progress Plan 25

**REPORTS – PUBLIC HEALTH**

- b) [PH-13-015/P-13-035](#), Smoke-Free Policy for New Leases and Transfers in Regionally-Owned Community Housing – Annual Update 43
- c) [PH-13-016](#), Improvements to EMS Service Delivery 49

**7. OTHER BUSINESS****8. NEXT MEETING – April 30, 2013****9. ADJOURN**



# Waterloo Region Food Charter

**Vision:** A healthy, just, and sustainable food system is one in which all residents have access to, and can afford to buy, safe, nutritious, and culturally acceptable food that has been produced in an environmentally sustainable way, and that supports our rural communities. Such a food system promotes social justice, population health, and profitable farms, reflects and sustains local culture, and supports ecological viability.

To achieve this vision for a healthy food system, there is a need to carry out food system planning, and to establish principles that govern food-related decisions. The Waterloo Region Food Charter defines a common vision, and provides a foundation for a food system strategy.

Because we believe in fair, environmentally sustainable, livable, and economically profitable rural and urban communities:

1

...we support **connecting people to our local food system**

- by enhancing knowledge about, and engagement in, the food in our communities. This includes:
  - empowering people to participate in the local food system
  - improving our skills for growing, preserving, and preparing food
  - educating ourselves and others about the food system
  - encouraging respect for food and the ecosystems to which it is bound
  - supporting the expansion of food grown or raised in urban and rural areas

2

... we support **community economic development**

- by building the processing and distribution infrastructure required to make local foods available for local residents and global trade. This includes:
  - prioritizing local processing, distribution, and retailing opportunities for small- and medium-sized businesses
  - encouraging public institutions to buy local and environmentally sustainable food
- by encouraging policies and other initiatives which enable profitable livelihoods for local farmers for generations to come

3

... we support **access to healthy food**

- by protecting farmland from urban development supporting policies and other initiatives that ensure that everyone has access to enough nutritious food. This includes:
  - championing adequate incomes for everyone, so that all residents can afford to buy healthy food
  - encouraging the local production and processing of foods that contribute to the nutritional health of citizens
  - ensuring walkable access to venues that sell healthy foods
  - ensuring the widespread availability of, and access to, locally produced and culturally appropriate food
  - ensuring the availability of healthy, affordable food choices in workplaces and public institutions

4

... we support **ecological health**

- by promoting and supporting food production and processing methods that reduce greenhouse gas emissions; use less fossil-fuel energy; sustain or enhance wildlife habitats, watersheds, biological and seed diversity, and soil health; and that optimize or reduce the use of local natural resources to ensure long-term ecological sustainability
- by ensuring access to a safe and sustainable water supply for all residents of Waterloo Region
- by encouraging the reduction of food waste and excessive food packaging, and supporting initiatives that strive to reduce or reuse food waste, such as composting

5

... we support **integrated food policies at all levels of government**

- by encouraging joined-up policies across local, provincial, and federal levels of government that aim to ensure that healthy, environmentally sustainable food is available to everyone
- by recognizing the importance of comprehensive food strategies and policies that promote a profitable, viable and ecologically sustainable food system

# Food Charter Backgrounder

## **What is a Food Charter?**

Food charters define a common vision for a just and sustainable food system. A food charter is a statement of values and principles intended to guide a community's food policy as well as community organizations and individual community members toward a unified vision for a healthy food system – linking community action and policy. Typically, they combine vision statements, principles, and broad action goals pointing towards a coordinated municipal food strategy. Food charters encourage 'systems thinking' as they outline a vision for the entire food system.

Food charters have been developed by community groups, food councils/roundtables, regional public health departments and health units.

A food charter is for the whole community. Any organization or individual can access the charter, regardless of whether or not they are connected to or aware of existing projects. In this way, the principles outlined in the charter can guide new projects toward a common vision. A regional food charter can also provide a platform for connecting existing projects. Food charters can assist in linking community action to policy.

When a food charter is adopted by the local municipal council, it becomes a public document to help guide decision-making. Food charters anchor municipal commitments to sustainable food system policies and provide guidelines for decisions about food. They provide a reference for managing food system issues on a system-wide basis. Food charters are tools that link policy and community action. They bring people together to talk about and work on local food system and food security challenges.

## **Why have a Food Charter?**

Our current Waterloo Region food system has its challenges. Not all citizens have access to adequate nutritious food, many people are unaware of where their food comes from or how to grow it or how to prepare it, not all of the information about food is complete or accurate, and regional obesity rates are higher than the provincial average.

Challenges are also present in food production. Local farming is not always profitable and foods must be processed outside of the region as adequate processing facilities do not exist locally. This calls into question the long-term viability of our agricultural sector as more and more young people are moving away from the family farm.

Environmental challenges also exist in our current food system. Greenhouse gas production and energy usage are higher than necessary as much of the food we consume travels from thousands of miles away even though it can be produced locally. In addition, local farmland can sometimes be a source of water contamination from agricultural run-off, although by employing various techniques it can also be a means of protecting the watershed and wildlife habitat.

# Food Charter Backgrounder

Local governments and community organizations are working hard to address many of the challenges in our current food system, but they are often disconnected from one another's efforts. A food charter can be a useful tool to strengthen all interests by integrating efforts toward a unified vision for a healthy, viable, environmentally sustainable food system. As this visioning document would belong to the community and could be accessed by all community members, it could serve to connect existing efforts, guide emerging efforts and create a starting point for dialogue between groups.

## **How are Food Charters useful?**

### **They activate civic engagement:**

- Create opportunities for conversations about food.
- Help to mobilize individuals and community organizations to address food and related issues.
- More public participation helps communities address challenges.

### **They facilitate collaboration:**

- Facilitate inclusivity: A broad set of stakeholders can come together around a common vision and work toward medium and long-term goals.
- Expand traditional thinking and roles (can facilitate a broader understanding of the food system for individuals and groups)
- Extend range of influence and action of disparate food/environmental/social groups

### **Food charters help guide strategy by articulating an overall vision for food policy:**

- Bring together separate policy areas (land use and zoning, waste management, health and food safety)
- Support region and city staff to initiate innovative planning and operations strategies

### **They catalyze actions:**

- Inform projects that benefit local economies and the environment
- Support fundraising

### **They benefit the environment:**

- Encourage personal and institutional choices that support more sustainable food systems

# Food Charter Backgrounder

## Some other communities' experience with food charters:

### Thunder Bay:

- The food charter has allowed groups to learn each other's perspectives and has facilitated working together (Groups include: social service agencies, food co-ops, Red Cross, Ministry of Agriculture, Federation of Agriculture, Region Food District Associations/Food banks).

### Vancouver:

- The food charter has been beneficial in community engagement
- It has assisted the integration of food system policy with the City's priorities and overall sustainability goals
- The food charter now forms part of Vancouver's comprehensive food strategy

### Capital Region, BC:

- The charter has been used as a tool for engagement, building knowledge about food systems, and as a vision to guide the development of a regional strategy
- "[The food charter] opened the door to understanding where we needed to focus efforts and this resulted in some project development and policy change (particularly to urban agriculture uses of public lands and as an accepted home occupation). ~ Linda Geggie, CRFAIR
- "It has now formed the "vision" for the development of a regional food strategy during the consultation process (underway) that is part of our Regional Growth Strategy" ~ Linda Geggie, CRFAIR

### In summary, food charters:

- Express a community's vision for a sustainable and just food system
- Provide a public means of demonstrating the region's commitment to a healthy food system
- Help anchor commitments to principles and guidelines for sustainable food system policies
- Start and focus conversations about food
- Network within and across jurisdictions
- Support fundraising efforts

# Food Charter Backgrounder

## History of Food Charters

Food Charters are part of a recent movement to build sustainable food policy at the local and regional level. They are largely a Canadian phenomenon. Some parallel food policy documents exist in American jurisdictions (Sacramento, Iowa, Connecticut).

Food charters are most commonly created by food policy councils or other agencies that represent different sectors of the food system. The process of creating a food charter engages individuals and organizations from a range of aspects of the food system in finding creative solutions to local food challenges. Steps taken to create a just and sustainable food system can create broad cultural, social, economic, environmental, health, and educational benefits for all of society.

Several Canadian municipalities/cities, including 15 communities in Ontario, have food charters endorsed or in development.

Food Charters in Ontario:

Guelph-Wellington Region, Toronto (city), London (city), Hamilton, Halton Region, Durham Region, Sarnia-Lambton, York Region, Kawartha Lakes, Simcoe / Orillia, Sudbury (city), Thunder Bay, Huntsville/Muskoka, Oxford County, Elgin County/St. Thomas

## Sources:

City of Vancouver:

<http://vancouver.ca/commsvcs/socialplanning/initiatives/foodpolicy/policy/charter.htm>

[http://vancouver.ca/commsvcs/socialplanning/initiatives/foodpolicy/tools/pdf/Van\\_Food\\_Charter\\_Bgrnd.pdf](http://vancouver.ca/commsvcs/socialplanning/initiatives/foodpolicy/tools/pdf/Van_Food_Charter_Bgrnd.pdf)

[http://www.vch.ca/media/Population%20Health\\_Community%20Food%20Charter%20Vancouver.pdf](http://www.vch.ca/media/Population%20Health_Community%20Food%20Charter%20Vancouver.pdf)

Guelph-Wellington Food Roundtable:

<http://www.gwfrt.com/>

Interviews with the following people:

Donahue, Kendal, Sustain Ontario, Peterborough, ON

Geggie, Linda, CRFAIR, Capital Region, BC

Janz, Kelly, GWFRT, Guelph, ON

Mendes, Wendy, City of Vancouver, Vancouver, BC

Schwartz Mendez, Catherine, Thunder Bay District Health Unit, Thunder Bay, ON





## REGION OF WATERLOO

### PLANNING, HOUSING AND COMMUNITY SERVICES Community Services

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**TO:** Chair Sean Strickland and Members of the Community Services Committee

**DATE:** April 9, 2013 **FILE CODE:** H18-70

**SUBJECT:** VOLUNTEER PROGRAMS AT REGION OF WATERLOO MUSEUMS – 2012

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#### RECOMMENDATION:

For information

#### SUMMARY:

The volunteer opportunities available at the Waterloo Region Museum, Joseph Schneider Haus and McDougall Cottage encourage community engagement in the museums and enhance the visitor experience. In 2012: 917 volunteers contributed 16,200 hours to the Waterloo Region Museum; 252 individuals contributed 6,705 hours at Joseph Schneider Haus; 2,365 hours were contributed at McDougall Cottage; and 242 volunteers contributed 1,286 hours to Doors Open Waterloo Region. In total, more than 1400 volunteers contributed more than 26,500 hours to the Region's museums and related events.

The Region and its museums are partners in National Volunteer Week activities planned in the community from April 21 to 27, 2013. Each year, communities across Canada set aside this week to honour and celebrate the efforts of individuals who generously donate their time and talents to make their communities a better place to live. The Region will place thank you ads recognizing all Regional volunteer programs in the Cambridge Times, Waterloo Chronicle and The Record during National Volunteer Week.

The Waterloo Region Museum will host the 23<sup>rd</sup> annual Volunteer Appreciation Breakfast as part of the National Volunteer Week celebrations on Wednesday, April 17 from 7:30 to 10 a.m.

In late 2012, work began on the development of a Corporate Volunteer and Placement Guidelines manual. This is the first step in developing a corporate volunteer management strategy and work plan, which is Action 5.6.2 in the Corporate Strategic Plan.

#### REPORT:

##### Waterloo Region Museum

Waterloo Region Museum has a strong and diverse volunteer base. Volunteers provide a pool of experience, knowledge and expertise that complement staff resources. They also provide a link to the community by actively promoting and supporting the museum. Volunteer efforts are visible in many aspects of museum programs and services.

Visitors can stroll through the living history village and watch volunteers help to bring history to life wearing hand knitted sweaters created by volunteer Kerstin Reaume. Dropping by the Detweiler Weavery, visitors learn about the history of weaving in Waterloo County as Shelly Jordan or Nancy

Chittack weave rag rugs on the historic barn loom. Along the way they can immerse themselves in the sights and scents of beautiful historic gardens maintained by a team of 20 dedicated volunteers who maintain the heritage garden programs. Some try their hand at quilting with Louisa Stevenson or enjoy musical performances led by Shalagh Cassidy and Marie Skelding.

Behind the scenes, Shelly Jordan catalogued 40 years of records for the Friends of Waterloo Region Museum. Allison Maxwell, Amy Rushton and Kevin Ann Reinhart are researching information for the Waterloo Region Hall of Fame. Pam Cressman, Lois Edwards, and Bel Beaudette spend hundreds of hours maintaining the museum's historic reproduction costume collection. The special needs volunteers from KW Rehabilitation Services assist with mass mailings and are celebrating more than 20 years of continuous volunteer service to the museum.

The Waterloo Region Museum is creating new volunteer opportunities and partnerships with local high school co-op programs. The new Gallery Exhibit Animators help to bring the exhibits to life for thousands of guests. Guests receive a warm welcome from Ross Edwards and Judy Awbury at the museum's TALKS Series.

Special events attracted more than 700 youth and adult volunteers in support of the Waterloo Wellington Children's Groundwater Festival, EcoFest, and the new Forest Festival and First Peoples Festival.

The Friends of Waterloo Region Museum continue to raise awareness of museum programs and make significant contributions each year. Working with the museum's visitor experience staff, the Friends of Waterloo Region Museum host popular events such as Starry Night and the heritage plant sale.

### **Joseph Schneider Haus**

Volunteers continue to be an essential element in the success of the Joseph Schneider Haus. In 2012, volunteers continued to perform their regular responsibilities, along with many one-off events and envelope stuffing sessions. Volunteers contributed time weekly, participated in monthly committee meetings and assisted with events such as the Quilting Bee, Easter Egg Hunt, the Heart & Hand Festival, Culture Days and Doors Open.

The museum's very successful Junior Interpreter program is an important part of the living history interpretation offered at the museum. This dedicated group of young boys and girls between the ages of eight and 19 represent the children of this busy farm family on weekends and at special events, allowing visitors to see the house functioning with a number of children participating in farm and domestic activities. In addition to their monthly shifts, they assist at special events throughout the year such as March Break, the Easter Egg Hunt and Culture Days.

Volunteers continue to work at the reception desk, assisting staff with general reception duties and greeting visitors. Many volunteers took on additional shifts in December to help shoppers with their *Christkindlsmarkt* shopping. The museum is fortunate to have dedicated volunteers who assist with collections management projects and cataloguing the museum's library holdings.

The Friends of Joseph Schneider Haus continue to make a significant contribution to the life of the museum. The programs they support and administer annually include the Folk Artist Residency, the Edna Staebler Research Fellowship, the Quilt Block Contest and the museum's Gift Shop. In any given year however, it is the resident Folk Artist who commits to and delivers the greatest number of individual hours to the museum; the 2012 resident artist was Miniature Painter/Limner Debbie Thompson Wilson of Guelph. Debbie was on hand at many of the museum's 2012 events and created many hand-lettered bookmarks and bookplates for visitors.

## McDougall Cottage

The base of support for and awareness of McDougall Cottage is steadily growing. Each year more individuals participate in and assist with programming in a variety of ways. A volunteer group has been helping with the presentation and adjudication of the Annual Wee Quilt Challenge, now in its eighth year, and a group of more than 25 musicians regularly takes part in the popular kitchen *ceilidhs*. Pipers from the community pipe down the sun from the banks of the Grand River each Thursday in July, August and September, reminding Cambridge residents of the presence of McDougall Cottage in the cultural landscape. This year a retired pastor gave lessons in Gaelic in the cottage sitting room.

Our Scotsman-in-the-garden, John Tennent, was assisted again this year by master gardener Irene Thurston and collectively, they contributed in excess of 185 hours of love and attention to the wee Cottage gardens. Thanks to their conscientious efforts in previous years, the gardens are in a maintenance mode requiring less ongoing attention than in years gone by. Other volunteers have performed a variety of services to advance the programs of the Cottage including photography, special event delivery, demonstrations and teaching.

The Friends of McDougall Cottage have begun to make major contributions to the life of the Cottage. This fledgling group began to meet monthly early in 2011 with its primary mission for the year being to guide the Musician-in-Residence (MIR) program through its inaugural year. Throughout 2011, the Committee assisted with the development and delivery of programming and promotional initiatives and supported the Cottage's first resident musician, Piper Robin Aggus.. In March 2012, the Friends presented a Farewell Concert at Café 13 to round out Robin's residency and to raise funds for 2013. Tickets sold quickly for the event at which the incoming MIR was announced. Celtic guitarist Bob MacLean, originally from Cape Breton, was enthusiastically welcomed as the 2012 Musician-in-Residence. Bob's year was highlighted by guitar workshops, and featured two concerts: one that demystified the Celtic genre and a second which presented music that would have been familiar to the McDougalls in the 1860s. This period music and its arrangement was the subject of Bob's residency-related research in 2012.

In 2012, the Friends explored a number of fund raising options and discussed ways of extending the reach of the music residency. They also helped to raise awareness of the Cottage and its programs by creating a dedicated Facebook page, gathering e-mail addresses for specialized mail-outs and making other links with the community. Their efforts have come a long way in making the McDougall MIR a vital part of the cultural scene in Cambridge.

Volunteer hours contributed to McDougall programs and services in 2012 reached 2,365 hours, reflecting increased involvement of the Friends of McDougall Cottage and enhanced programming with greater volunteer engagement.

### Summary of Volunteer Hours at Museums

	2012	2011
Waterloo Region Museum	16,270	13,000
Joseph Schneider Haus	6,705	6,988
McDougall Cottage	2,365	2,440
Doors Open	1,286	2,600

### Volunteer Recognition and Support

Celebrating volunteer achievements is essential to attracting and retaining dedicated volunteers. Museum staff recognizes the importance of recognition and it is an ongoing and integral part of the volunteer management process. The staff seek to notice and value individual contributions both informally and formally.

The annual Volunteer Appreciation Event for volunteers in all Regional programs was held at the Waterloo Region Museum on Sunday, Dec. 2, 2012, International Volunteer Day. More than 500 volunteers and their family members enjoyed an afternoon of entertainment, treats and traditional Christmas celebrations.

In 2012, seven individuals from the Waterloo Region Museum received Provincial Volunteer Service Awards: Theresa Billo – 15 years, Richard Deckert – 10 years, Ed Dennis – 5 years, Lois Edwards – 10 years, Gerald Kraak – 15 years, and Suzanne Waldron – 5 years.

Long term Waterloo Region Museum volunteer Peter Russell was the recipient of the Ontario Heritage Trust, Lieutenant Governor's Life Time Achievement Award for his more than four decades of dedication to the promotion, preservation and protection of our community's heritage.

Seven volunteers from Joseph Schneider Haus received Provincial Volunteer Service Awards: Gerry Engel – 15 years, Sandra Dorscht – 25 years, Pat Wagner – 10 years, Stephanie Walker – 10 years, Wendy Imrie – 5 years, Erica Jantzen – 5 years, Julie Van de Valk – Youth – 5 years;

The Region's Corporate Strategic Plan for 2011-2014 includes the development of a corporate volunteer management strategy and work plan. As a first step, work began in late 2012 on the creation of a Corporate Volunteer and Placement Guidelines manual. The Guidelines and the management strategy will assist Regional volunteer programs by:

- Articulating the values and benefits of volunteer involvement.
- Ensuring volunteer involvement is safe, supportive, effective, in alignment with Corporate policies and procedures, and respectful of workplace agreements.
- Providing a framework for discussion and decision making, taking into account organizational values and guiding principles.
- Promoting standards for involving individuals in meaningful ways to ensure successful integration of volunteers, while meeting the needs of both the organization and its volunteers.
- Providing organizational standards for volunteers.

#### **Area Municipal Consultation/Coordination**

The Coordinator of Volunteer Services at the Waterloo Region Museum provides advice to coordinators of volunteer programs at the area municipalities.

#### **CORPORATE STRATEGIC PLAN:**

The volunteer opportunities and recognition programs provided through the Region's museums support the Region's values of Service, Respect, Innovation and Collaboration. Development of the Corporate Volunteer and Placement Guidelines manual supports Strategic Focus area 5, *Service Excellence*, specifically action 5.6.2 "Develop a corporate volunteer management strategy and work plan."

#### **FINANCIAL IMPLICATIONS:**

NIL

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

The Regional Volunteer Advisory Committee with Department representatives from across the corporation, and with the support of the Directors of Employee & Organizational Effectiveness and Community Services, continue working toward the development and implementation of consistent volunteer management practices and standards.

**ATTACHMENTS:**

NIL

**PREPARED BY:** *Antoinette Duplessis*, Assistant Curator, Joseph Schneider Haus  
*Susan Burke*, Manager/Curator, Joseph Schneider Haus/McDougall Cottage  
*Deborah Young*, Coordinator of Volunteer Services, Waterloo Region Museum

**APPROVED BY:** *Rob Horne*, Commissioner of Planning, Housing and Community Services



**TO:** Chair Sean Strickland and Members of the Community Services Committee

**DATE:** April 9, 2013

**FILE CODE:** S04-20

**SUBJECT: EARLY LEARNING & CHILD CARE QUALITY INITIATIVES UPDATE**

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**RECOMMENDATION:**

THAT the Regional Municipality of Waterloo enter into a service agreement with the Early Childhood Educator Professional Resource Centre, Conestoga College, for delivery of professional development activities for Early Learning and Child Care programs, as outlined in report SS-13-011.

**SUMMARY:**

This report provides an update on the Quality Initiatives activities which have occurred for the Early Learning and Child Care Sector and provides a recommendation to provide ongoing operating funding to the Early Childhood Educator Professional Resource Centre to support ongoing development and delivery of high-quality early learning and child care services.

**REPORT:**

**1.0 Background**

This report presents an update on quality initiative activities and presents a recommendation to support ongoing professional development in Waterloo Region and ensuring it is aligned with quality initiatives. Numerous studies have identified the importance of linking the qualifications and ongoing professional development of early childhood educators to the quality of programs provided in licensed early learning and child care. Children's Services as the Consolidated Municipal Service Manager (CMSM) is committed to support the ongoing development of a high quality early learning and child care system. In the 2012-2015 Early Learning and Child Care Service Plan, one of the key priorities was to provide stabilized funding to the Early Childhood Educator Professional Resource Centre for delivery of professional development and to ensure it's alignment with quality initiatives.

**2.0 Raising the Bar on Quality**

The Raising the Bar on Quality (RTB) program is a community based peer-accredited quality initiative open to all licensed early learning and child care (ELCC) programs and related support services. RTB differs from traditional accreditation models as it is designed to build upon community capacity and involves peers in the review of each others work. Raising the Bar supports the development and use of practices that enhance the quality of licensed early learning and child care programs. Raising the Bar was developed and introduced in Hamilton in 2002. There are currently 17 Ontario communities engaged in RTB. Waterloo Region delivers four versions of this program:

- Licensed, Centre-Based Early Learning and Child Care (ELCC) programs;
- Licensed School-Age Child Care programs;
- Special Needs Resource Agencies;

- Licensed Home Child Care Agencies.

Regional Council amended its Children's Service's service contract policy to require that all licensed early learning and child care operators and special needs resourcing agencies fully participate in the Raising the Bar program as a condition of funding from the Regional Municipality of Waterloo. One hundred percent participation was achieved by June 2011. A copy of the most recent year end summary is attached to this report.

RTB has been the primary quality initiative activity for the past eight years and has experienced great success to date. One section of the RTB program sets requirements for all staff to complete a set number of professional development hours each year. Most professionals are able to achieve the required number of hours for professional development activities by attending events locally offered at the Early Childhood Educator Professional Resource Centre.

### **3.0 Early Childhood Educator Professional Resource Centre**

The Early Childhood Educator Professional Resource Centre (ECE-PRC) at Conestoga College was established in April 2010. The proposal for this resource centre was developed in partnership with Conestoga College and the Region of Waterloo. In 2009 the Region of Waterloo provided start up funding through the Best Start funding envelope. Some additional one time funding was provided on a yearly basis since that time. The location of the ECE-PRC is a logical step in supporting the Early Childhood Education profession once they have completed their post secondary education. The ECE-PRC plays a significant role in supporting quality in our community and provides a way to streamline and coordinate high quality professional development opportunities.

Over the past two years the ECE-PRC has coordinated and delivered an increasing volume of professional development activities for the community. All of the activities and events delivered through the ECE-PRC are linked to best practice and support healthy child development, which are delivered through the following venues; a resource library, material lending, an annual one day conference, leading key note speakers, networking groups and evening workshops. The membership has grown from 200 in the first year to over 600 professionals. The ECE-PRC operating costs have been supported through membership fees and one time funding. The provision of ongoing funding of \$85,000 will offset operating costs and help to stabilize the ECE-PRC. The ECE-PRC is located in the Early Childhood Education building at Conestoga College and ensures a strong linkage between the ECE program, post graduate professional development and quality programs for young children.

### **4.0 Ontario Early Years Policy Framework**

The Provincial announcement in 2010 for staged implementation of full day kindergarten by 2014 in every elementary school has prompted a transformation of licensed early learning and child care. In Waterloo Region, full day kindergarten is now in place in 74% of all elementary schools in Waterloo Region. The full day kindergarten program as well as availability of before and after school care provided directly in the schools has impacted service demands for children over the age of 4 years. In schools where sufficient demand exists, families can now enroll their children in a before and after school program on a fee for service basis. As Early Learning and Child Care operators convert licensed spaces for children to younger age groupings it is important to align professional development that supports quality for this young vulnerable population of children.

In January 2013, the Province also released the Ontario Early Years Policy Framework which presents a vision for the early years. One of the four priority areas for action is to continue with the work to stabilize and transform the child care system. Part of this direction includes ways to strengthen the capacity and leadership of the child care sector to ensure children and their families

have access to high quality programs. The Province released a new funding framework. The intent was to provide CMSM's with greater flexibility in supporting the significant changes which are occurring in the early learning and child care sector. One of the changes related to the funding formula is a new envelope entitled Capacity Building. Capacity building, speaks to a requirement to support professional development opportunities for licensed child care operators, supervisors, staff/caregivers, private-home day care visitors, private home-day care providers and non-profit volunteer board members. The goal is to provide professional development opportunities that support: high quality child care programs, health, safety and well-being of children and capacity in child care program business administration.

**CORPORATE STRATEGIC PLAN:**

This initiative aligns with the Region's Corporate Strategic Focus Area 4: Healthy and Inclusive communities; Corporate Strategic Objective 4.6.1: Collaborate with the community to support the development of services for children.

**FINANCIAL IMPLICATIONS:**

The 2013 Operating Budget for Children's Services includes a provision of \$215,911 (100% Provincial funding) for capacity building. The annual cost of the ECE-PRC program (\$85,000) will be funded from this provision.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

The services of Finance and Legal Service will be required to administer this contract.

**ATTACHMENTS**

[RTB Annual Report](#) (*Attached separately.*)

**PREPARED BY:** *Debbie Jones, Supervisor, Quality Initiatives*  
*Nancy Dickieson, Director, Children's Services*

**APPROVED BY:** *Douglas Bartholomew-Saunders, Commissioner, Social Services*





# Raising the Bar on Quality Year Eight Annual Summary (2011-2012)

## Assuring High Quality Early Learning and Child Care

### Raising The Bar on Quality:

*"A community system which builds upon the existing skills and expertise of early childhood educators will support high quality, healthy child care environments."*

ASCY

A full copy of the annual report can be found on the Quality Initiatives webpage at [www.tinyurl.com/QI-RTB-Info](http://www.tinyurl.com/QI-RTB-Info)

## Background

Raising the Bar on Quality for Waterloo Region (RTB) is a community-based peer accredited set of quality standards. RTB is coordinated by the Region of Waterloo, Children's Services and is consistent with the Consolidated Municipal Service Manager (CMSM) role in the delivery of quality assurance across the local licensed child care system. This report provides a summary of the evaluation, monitoring and highlights of RTB Year Eight (May 2011-May 2012).

## A Community Approach

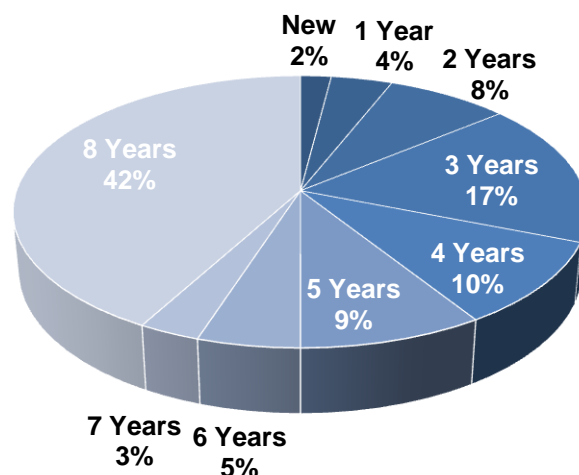
RTB is different from traditional accreditation models. It builds upon community capacity and involves peers in the review process. Raising the Bar is our story of working together to enhance the quality of licensed early learning and child care programs. We are proud of this community and the great work that is being done to support quality early learning and child care (ELCC) across Waterloo Region.

## Participation

As of June 2011, there is 100% participation in RTB by licensed ELCC programs across Waterloo Region for a total of 132 programs/agencies.

Most programs have now been participating in RTB for over five years (59%), with 42% of programs participating since RTB's beginning, eight years ago.

### Years of RTB Participation in 2011/2012



## Evaluation & Monitoring

There are several annual evaluation and monitoring activities that take place each year relating to RTB in our community. These activities help to inform the process and keep RTB on track. A brief summary of the feedback we received is noted on the following pages.



## Highlights of the Three Bars

### Elements of High Quality Early Learning & Care

- Regulations & Standards
- Health & Safety
- Environment - Physical Space
- Management
- Quality Assurance
- Child Development
- Adult-Child Relationship
- Curriculum Approach
- Parent Involvement

*Child Care Research & Research Unit,  
University of Toronto*

There are three bars or areas of focus in the RTB criteria: Quality Monitoring, Best Practice and Professional Development.

### 1. Quality Monitoring

These items focus on the mechanisms and activities that are in place to monitor the quality of service on an ongoing basis (e.g., family satisfaction surveys).

**HIGHLIGHT:** In Year Eight, **89** classrooms had a standardized environmental rating scale completed by a Third Party Consultant.

**HIGHLIGHT:** In Year Eight, **64** programs were awarded "Evergreen Status" for policies and procedures.

### 2. Best Practice

These items focus on the importance of a framework and infrastructure in healthy ELCC environments. Activities include looking at the written policies and procedures, communication practices, leadership and supervision strategies.

**HIGHLIGHT:** In Year Eight, **450** professionals achieved platinum recognition for participating in 20 or more hours of professional development activity, totalling **21,111** hours.

### 3. Professional Development

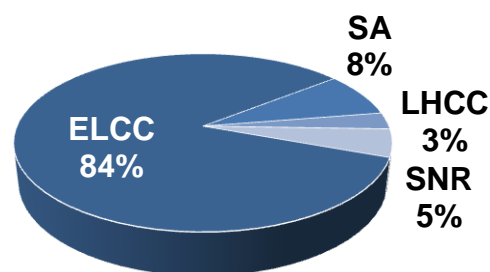
These items focus on the program's commitment to ongoing professional development for staff and ask the program to demonstrate how they support the broader field of early childhood education.

### Versions

There are currently four versions of RTB for programs to participate in:

- Early Learning and Child Care programs (ELCC)
- School-Age programs (SA)
- Licensed Home Child Care programs (LHCC)
- Special Needs Resourcing agencies (SNR)

#### RTB Versions

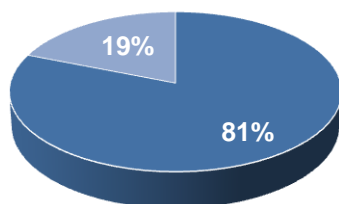


# Year Eight Highlights



## Percentage of Participants Meeting RTB Targets in Year Eight

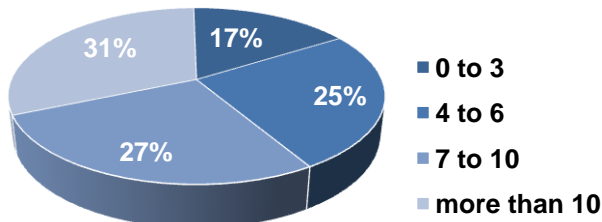
- Exceeds or Meets Expected Target
- Does Not Meet Expected Target



81% of participating programs met or exceeded their expected target based on years of participation

## Number of Professional Development Activities Attended in Year Eight

58% of participants attended seven or more professional development events



## Raising the Bar on Quality Guiding Principles

- Achievable for a variety of types of child care programs
- Sustainable in a community over time
- Fair & objective review process
- Engagement & mentorship
- Recognized locally as a community standard; research based & evaluated

## Interesting Facts:

- **46** professionals/agencies volunteered two days of their time as Peer Reviewers.
- **475** professionals attended the 7<sup>th</sup> annual Fall Focus event.
- **205** ELCC professionals were trained on the use of standardized environmental rating scales this past year, bringing the total people trained to **1,774**.
- A major research paper, *Reaching High Quality Through Practice*, was completed and presented to the Early Learning and Child Care Community Advisory Committee and provincial partners. A tool kit was developed for other RTB communities interested in conducting similar research.

## Early Learning and Child Care Community Advisory Committee

The work of RTB in Waterloo Region is guided by an Advisory Committee made up of representatives across the licensed early learning and child care sector.

## Early Learning and Child Care Community Advisory Committee Members Year 8

Debbie Boan  
Samantha Burns  
Debbie Engel  
Bea Henry  
Kathy Hughes  
Cyndy Jefferson  
Jennifer Jordan  
Kim Lafontaine  
Suzanne Lamontagne  
Anne McCourt  
Carolyn McGill  
Lori Prospero  
Tracy Rees  
Krista Schott  
Vicki Warren (Chair)  
Bonnie Zehr

### Ex-officio:

Linda Bird  
Nancy Dickieson  
Sue Ewen  
Debbie Jones  
Judi Neufeld  
Alison Pearson  
Barb Schuler  
Goranka Vukelich

## Making a Difference

RTB is positively impacting programs. Over **82%** of respondents from the 2012 RTB Participant Survey indicated that participating in RTB has increased their:

- team work;
- networking with others in the community;
- focus on environment set-up;
- focus on interactions with children;
- focus on child development; and
- feeling equipped to guide challenging behaviours.

RTB means “*continuing to change and grow with current trends and research to provide the best care possible to our children and families.*”

~ Survey Participant

RTB means “*a collaborative effort to ensure children’s and parents’ needs are being met within our region.*”

~ Survey Participant

“*When we attend different workshops we learn a lot of different things, meet with other professionals and use all that knowledge in our classroom. It definitely improves the quality of our program.*”

~ Survey Participant

## Looking Forward

We continue to strive for a system that provides the highest quality of services to the children and families we serve, through:

- continuing to work together collaboratively to raise the quality in ELCC programs in our community;
- incorporating sound practices and new ideas presented in current research into our programs; and,
- reviewing and revising the RTB criteria to meet practices outlined in Early Learning for Every Child Today (ELECT 2007).

For more information on the Raising the Bar on Quality Program, please contact the Supervisor, Quality Initiatives, Debbie Jones, (519-883-2111, ext. 5044), [DJones@regionofwaterloo.ca](mailto:DJones@regionofwaterloo.ca) or Social Planning Associate, Michelle Martin, (519-575-4757, ext. 5483), [MiMartin@regionofwaterloo.ca](mailto:MiMartin@regionofwaterloo.ca)



## REGION OF WATERLOO

### SOCIAL SERVICES Children's Services

Report: SS-13-012

**TO:** Chair Sean Strickland and Members of the Community Services Committee

**DATE:** April 9, 2013

**FILE CODE:** S15-80

**SUBJECT: NEW SERVICE CONTRACT, CHILDREN'S SERVICES**

#### RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into a Service Contract effective May 1, 2013 with the Kitchener-Waterloo Young Women's Christian Association, head office located at 153 Frederick Street, Kitchener, ON, N2H 2M2 as outlined in report SS-13-012, dated April 9, 2013.

#### SUMMARY:

NIL

#### REPORT:

The Region currently has service agreements with 123 licensed early learning and child care programs. These service agreements allow the Region of Waterloo to purchase child care space on behalf of subsidy eligible families in a licensed early learning and child care program. These agreements support choice for subsidy eligible families with a wide range of requirements including special needs placements. In addition, the service agreement is a requirement for a licensed early learning and child care program to receive additional funding such as wage subsidy, transition operating, play-based materials and equipment, repairs and maintenance and minor capital retrofits.

The Region of Waterloo currently has a service contract with The Kitchener-Waterloo Young Women's Christian Association (KW-YWCA), for all of its licensed child care centres. The KW-YWCA is relocating their YWCA Downtown Child Care Centre from Courtland Avenue, Kitchener to a retrofitted space at the St. Paul's Catholic Elementary school in May 2013. The newly licensed program will provide child care for 10 infants, 15 toddlers, and 32 preschool aged children. The KW-YWCA St. Paul's Child Care will be located in an area with demonstrated need for child care. The following table outlines the 2013 rate structure for the new facility.

Age Group	Hours of Care	Per Diem Cost
Infant	6 or more hours	\$61.00
Toddler	Less than 4	\$47.00
Preschool	6 or more hours	\$41.00
Preschool	4 – 6 hours	\$31.00

#### CORPORATE STRATEGIC PLAN:

This report supports the Region's Strategic Focus Area 4: Healthy and Inclusive Communities (to Foster health, safe, inclusive, and caring communities; the Corporate Strategic Objective 4.6: (to

Collaborate with the community to support the development of services for children.

**FINANCIAL IMPLICATIONS:**

The new agreement and rates will be funded within the Children's Services Division's 2013 budget allocation for fee subsidy.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

The implementation service agreements require the assistance of Financial and Legal Services staff.

**ATTACHMENTS**

NIL

**PREPARED BY:**      *Candace Goudy, Children's Services Administration*  
                             *Nancy Dickieson, Director, Children's Services*

**APPROVED BY:**      *Douglas Bartholomew-Saunders, Commissioner, Social Services*

Ministry of  
Municipal Affairs  
and Housing

Ministère des  
Affaires municipales  
et du Logement

Housing Programs Branch  
777 Bay St., 2nd Floor  
Toronto, ON M5G 2E5  
Tel : (416) 585-7021  
Fax : (416) 585-7003

Programmes de logement Branch  
777, rue Bay 2e étage  
Toronto, ON M5G 2E5  
tél : (416) 585-7021  
téléc : (416) 585-7003



March 6, 2012

Lynn Randall  
Director, Social Planning, Policy & Program Administration  
Regional Municipality of Waterloo  
99 Regina Street South - 5th floor  
Waterloo, Ontario  
N2J 4G6

*Lynn*  
Dear Ms. Randall:

**Re: Business Case Request for Funding  
Community Homelessness Prevention Initiative (CHPI)**

Thank you for submitting a business case for additional CHPI funding. At this time, all of the CHPI funding has been allocated and there are no additional funds.

We do not anticipate extra funding, however if funds do become available due to under expenditure, we will review requests on a case by case basis.

Sincerely,

Rob Cressman  
Director  
Housing Programs Branch

c: Tony Brutto, Team Lead, Regional Housing Services, MSO – Western  
Mitra Maharaj, Manager, Housing Funding & Risk Management Branch



## MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee

From: Christiane Sadeler, Executive Director

Date: April 9, 2013

Subject: **CYBERBULLYING RAP SHEET; ELDER ABUSE RAP SHEET**

File No: C06-60

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The Waterloo Region Crime Prevention Council creates “Research and Planning” sheets (or “RAP” sheets for short) as a tool to regularly disseminate statistics and information related to crime and victimization to residents and community agencies within Waterloo Region.

### **Cyberbullying RAP Sheet:**

In July 2012 the Waterloo Region Crime Prevention Council initiated a **Social Media Ad Hoc Committee** to look at promoting respectful, responsible and appropriate use of social media among a wide demographic.

This committee shared “THINK” campaign materials (posters, stickers, bookmarks) with many local schools and community agencies and beyond. THINK encourages students to stop and THINK before they Tweet, Facebook, or Text – to self assess if the message is **True? Hurtful? Illegal? Necessary? Kind?**

The anti-bullying theme of THINK provided opportunities to partner with CTV & Fairview Park Mall to co-present “The Pledge In Action Day” (March 2) and with THEMUSEUM’s “One Love” exhibit school program. THINK was also introduced at the Provincial “Youth, Justice & Community 2013” Conference for School Resource Officers (police) where the focus was “Investing in Youth”.

The committee also recommended the development of a fact sheet about cyberbullying, including cyberstalking and sexting, to be made available to parents and youth. The THINK campaign message is a part of this RAP sheet.

A copy of the Cyberbullying RAP sheet is available online at:

[http://www.preventingcrime.ca/documents/RapSheet\\_CyberBullying0213FIN.pdf](http://www.preventingcrime.ca/documents/RapSheet_CyberBullying0213FIN.pdf)

### **Elder Abuse RAP Sheet:**

To complement the work of the Violence Prevention Plan Implementation Committee, the Waterloo Region Crime Prevention Council developed a RAP sheet to provide high level information about elder abuse, and to be used as a discussion starter.



Copies were distributed at the Region of Waterloo's 'Dialogue on Diversity' (March), as well as through the Waterloo Region Committee on Elder Abuse; the Elder Abuse Response Team; and the YMCA.

A copy of the Elder Abuse RAP sheet is available online at:

[http://www.preventingcrime.ca/documents/RapSheet\\_ElderAbuse0212v5.pdf](http://www.preventingcrime.ca/documents/RapSheet_ElderAbuse0212v5.pdf)

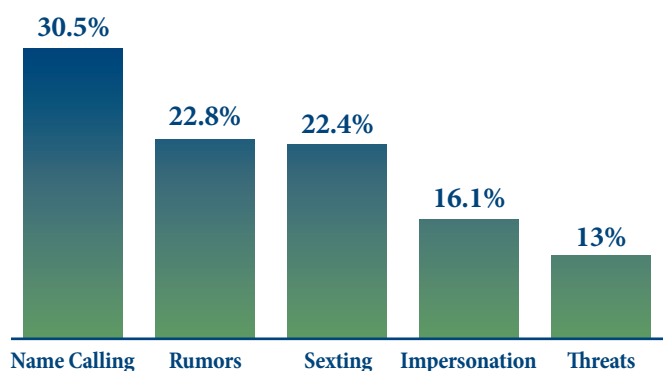
# Cyberbullying

## What is Cyberbullying?

Cyberbullying is deliberate, hostile, and aggressive behaviour communicated through social media and texting. The virtual world allows individuals to remain anonymous, making online bullying attractive to aggressors.

*“...as many as 51% of youth have experienced cyberbullying through social networking.”*

(Ipsos poll, Canada, 2012)



(Wade and Beran, *Cyberbullying: The New Era of Bullying*, 2011)

## Cyberstalking

Cyberstalking is the tracking and following of someone online. Cyberstalking typically happens after a person has been rejected, when someone is simply obsessed with another person; or when a person enjoys harassing people. “A cyberstalker can be anyone, including unknown members of online communities or forums.”

(Canadian Clearinghouse on Cyberstalking)

*“The average teen sends or receives 3,339 text messages every month.”*

(Neilson, 2013)

## Sexting

Sexting, through digital texts and pictures, has become one of the top three forms of cyberbullying. Sexting is texting, wanted and unwanted, sexually explicit and nude digital images and context to other parties.

(Wired Safety: Sexting/Sextortion)

## Is it Illegal?

According to the *Criminal Code of Canada*, anyone who spreads information that would ruin another person's reputation and expose them to hatred could be held accountable for “defamatory libel.”

Any person who comes into possession of nude or partially nude images of a person under the age of 18 years is in *Possession of Child Pornography*. If that person then forwards the image on to another party they have committed the offence of *Distributing Child Pornography*. Both are Criminal offences and a person could be charged.

(*Criminal Code*, RSC 1985, c 46(163); [Cyberbullying.ca](http://Cyberbullying.ca))

[www.preventingcrime.ca](http://www.preventingcrime.ca)

# THINK before you...



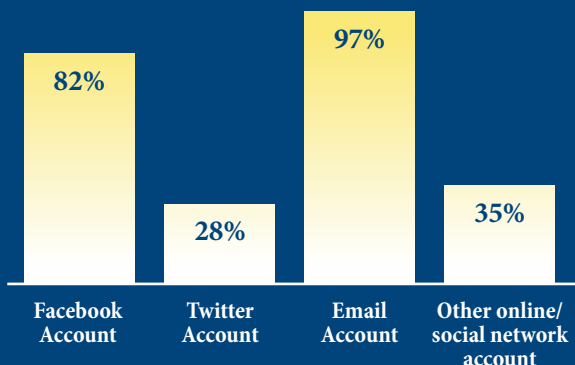
**T** - Is it true?  
**H** - Is it hurtful?  
**I** - Is it illegal?  
**N** - Is it necessary?  
**K** - Is it kind?

## Trends

*"Youth between the ages of 8–18 spend on average more than 53 hours a week-or seven hours and 38 minutes a day-on their computers, cell phones, iPods, and video games."*

(Whelan, *The Bully in the backpack*, 2011)

When Canadian parents of children aged 10-17 years old were asked which online accounts their child(ren) has, the results were as follows:



(Angus Reid survey, 2012)

## Signs & Symptoms

*"It's essential to tell victims of online abuse it wasn't their fault."*

Youth who have been or continue to be subjected to cyberbullying are at risk for post traumatic stress disorder (PTSD) and major depression. PTSD occurs when someone has witnessed or experienced disturbing unnatural occurrences such as cyberbullying. Some symptoms may include:

- Suicide
- Depression
- Isolation
- Fall behind on grades
- More or heightened bouts of anger

(Drogin et al., *Psycholegal aspects of cyberbullying*, 2012)

## What Can You Do?

Parents and youth, together, can help prevent cyberbullying.

### Parents

- Talk about social media manners
- Set a limit
- Know passwords
- Monitor daily activity
- Believe, communicate, and act when children tell you they are being bullied
- Contact local police

### Youth

- Block the bully online
- Get off line
- Tell someone
- If you are the bully think twice about your actions and consequences
- Never give personal pin or passwords out
- Never reply to an angry person
- Do not erase cyberbullying messages, keep as evidence

(Mayo Clinic, *Cyberbullying: A back-to-school checklist for parents*, 2012)



519-883-2304  
[www.preventingcrime.ca](http://www.preventingcrime.ca)



This RAP (Research And Planning) Sheet is part of a series produced by the Waterloo Region Crime Prevention Council. © 2013.

Region of Waterloo

# Elder Abuse & Maltreatment



## What is elder abuse?

*“Elder maltreatment can lead to serious physical injuries and long-term psychological consequences.”*

(World Health Organization, 2011)

Elder abuse is “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.” (World Health Organization) It can occur in the home, in the community and in institutions such as hospitals, nursing homes, or other long-term care facilities.

## Types of Abuse

Elder abuse, or maltreatment, is a form of violence that should be recognized for what it is – a serious violation of human rights. It can take various forms:

**PHYSICAL** Pushing, shaking, hitting, or the improper use of restraints.

**PSYCHOLOGICAL/EMOTIONAL** Threatening, bullying, name calling, or treating an older person like a child.

**SEXUAL** Assault, harassment, or molestation.

**FINANCIAL (OR MATERIAL)** Withholding money, theft, forcing the sale of property or possessions, coercing changes in wills.

**NEGLECT** Denying the older person food/water, denying visits from family or friends.

## Trends

Elder abuse is typically underreported, under diagnosed, and overlooked. According to the World Health Organization (2011), approximately 4-6% of elderly people have experienced maltreatment at home.

In Canada, police-reported data shows that nearly 7,900 seniors (65 years and older) were victims of violent crime in 2009, and about one third of those seniors (35%) were victimized by a family member.

Data on the extent of the problem in institutions is scarce. However, an American survey of nursing home staff showed that:

- 40% admitted to psychologically abusing patients
- 36% witnessed at least one incident of physical abuse of an elderly patient in the previous year
- 10% committed at least one act of physical abuse

*“It is predicted that by the year 2025, the global population of people aged 60 years and older will more than double, to about 1.2 billion. As a result, it’s expected that the number of cases of elder maltreatment will also increase.”*

(World Health Organization, 2011)





## Signs and Symptoms:

The **person in the position of power** may:

- Steal or force the sale of possessions
- Slap, push, rough handle or name call
- Overmedicate, undermedicate, or use restraints
- Bully, humiliate, or treat like a child
- Abandon, neglect, or isolate

The **victim** may show signs of:

- Depression, fear, anxiety, or passivity
- Social withdrawal
- Unexplained physical injury
- Lack of food, clothing, and other necessities
- Changes in hygiene and nutrition (e.g. signs of malnutrition)
- Failure to meet financial obligations
- Unusual banking withdrawals

(Source: Government of Ontario)

## Risk Factors

Risk factors increase the potential for abuse and maltreatment of an older person. These risk factors can be broken down into four general categories:

- *Individual* – dementia, gender of the victim; person in power having significant mental health and/or substance use issues.
- *Relationship* – a shared living situation; person perpetrating the abuse being dependent on the older person.
- *Community* – social isolation of caregivers and older persons, possibly due to physical or mental infirmities or through the loss of friends and family members.
- *Socio-cultural* – including the depiction of older people as frail, weak and dependent; erosion of the bonds between generations of a family; migration of young couples, leaving elderly parents alone; lack of funds to pay for care.

## What Can You Do?

If someone tells you that they are being abused:

- **Believe them** – you may be the first person they have told.
- **Listen and talk** – to break down the isolation they are experiencing.
- **Don't judge** or make judgmental comments.
- **Be an advocate** – educate yourself on resources available.
- Encourage them to **seek support**.
- **Be patient** – understand that it is very difficult to make change when someone is in an abusive relationship.
- **Do not confront the person** in power yourself – it could be dangerous to you and the person you're advocating for.

([www.seniors.gov.on.ca/en/elderabuse](http://www.seniors.gov.on.ca/en/elderabuse))

## Local Support

Senior Safety Line  
1-866-299-1011  
(24 hours, 7 days, 150 languages)  
[www.elderabusewaterloo.ca](http://www.elderabusewaterloo.ca)

519-579-4607  
Elder Abuse Response  
Team (EART)  
[www.wrps.on.ca](http://www.wrps.on.ca)



519-883-2304  
[www.preventingcrime.ca](http://www.preventingcrime.ca)



This RAP (Research And Planning) Sheet is part of a series produced by the Waterloo Region Crime Prevention Council. © 2013.

COUNCIL ENQUIRIES AND REQUESTS FOR INFORMATION				
COMMUNITY SERVICES COMMITTEE				
Meeting date	Requestor	Request	Assigned Department	Anticipated Response Date
27-Nov-12	S. Strickland	That the matter of mandatory CPR and AED training for all Regional employees be referred to staff to report back with options for a Health & Safety staff training policy.	Public Health/Human Resources	Jun-2013



## REGION OF WATERLOO

### PLANNING, HOUSING AND COMMUNITY SERVICES Housing

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**TO:** Chair Sean Strickland and Members of the Community Services Committee

**DATE:** April 9, 2013 **FILE CODE:** D26-01

**SUBJECT: COMMUNITY HOUSING UPDATE AND PROPOSED 2013 PROGRESS PLAN**

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#### RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the Community Housing Update and Proposed 2013 Progress Plan, as described in Report P-13-034, dated April 9, 2013.

#### SUMMARY:

The Region of Waterloo assumed full administrative and financial responsibility for community housing in 2001. Since the transfer, the Region has established policies and procedures that have improved housing administration and developed its national award-winning Affordable Housing Strategy. Housing initiatives are driven by the philosophy of activating a full range of housing, maintaining safe, affordable housing and achieving true integration within the greater community. Planning, Housing and Community Services oversees this activity (please see Attachment A).

In order to achieve continued program improvements, an annual Community Housing Progress Plan is prepared. This report highlights the 2012 Progress Plan achievements and provides details of the proposed 2013 Progress Plan.

The 2012 Progress Plan was presented to Regional Council on May 8, 2012 (Report P-12-057), and key objectives achieved include:

- Implementing the five-year Temporary Housing Assistance with Supports (THAWS) Program;
- Implementing the Ontario Renovates Program;
- Achieving construction start for three additional Affordable Housing Strategy developments (26 units);
- Assisting 19 households to become homeowners;
- Completing the exit strategy for the delivery of Housing Allowance program, providing rent assistance to 277 households over the five years of the program;
- Addressing tenant health and safety issues by raising awareness about the Region's Bed Bug information campaign and Smoke-Free Policy;
- Implementing the new Housing Services Act, including completing an extensive consultation process with community housing stakeholders, developing revised and new housing administration policies, training housing providers on changed and new requirements, and updating the internal administration policy manual;
- Working closely with housing providers to ensure efficient and effective operations;
- Beginning to utilize the Housing Provider Performance Standards (HPPS) Matrix, a tool to measure and monitor housing provider performance, jointly developed in consultation with community housing stakeholders;
- Completing Business Requirements for the Housing Collaborative Initiative (HCI), for development of a housing information technology system;

- Working with consultants to complete their review of revitalization options for Waterloo Region Housing (WRH) sites;
- Completing final capital projects under the Social Housing Renovation and Retrofit Program (SHRRP), including installation of 19 solar projects under the SHRRP Renewable Energy Initiatives (REI); and
- Issuing GST/HST rebates from SHRRP to 46 housing providers, which includes WRH.

The detailed list of 2012 achievements can be found on Attachment B. It is through our partnership with housing providers and other key housing stakeholders that these accomplishments have been achieved and we are very appreciative of their ongoing dedication to a strong housing sector. A summary of key housing statistics for 2012 is also enclosed (please see Attachment C).

Housing's proposed 2013 Progress Plan features measurable action items and target-specific outcomes, which are guided by the Corporate Strategic Planning process (please see Attachment D). These outcomes are included in the Plan to ensure the housing program stays focused on achieving the Region's vision of an 'inclusive, thriving and sustainable community'.

The recommended primary focus of 2013 for Housing programs is;

- Continuing program development and delivery of the new Investment in Affordable Housing (IAH) Program, including an Expression of Interest for unallocated IAH Year Three new rental supply funding;
- Developing a new draft Affordable Housing Strategy for Council consideration later in 2013;
- Conducting consultations and preparing the Community Action Plan for Housing update;
- Evaluating the recommendations from the Rent Supplement program review;
- Working closely with housing providers to ensure efficient and effective operations;
- Assisting housing providers to comply with legislative changes and requirements due to the new Housing Services Act;
- Completing the Request for Proposal process for the Housing Collaborative Initiative (HCI) and testing the new information technology system that is developed;
- Following up on insurance benchmarks issue with Housing Services Corporation (HSC)
- Evaluating sites identified as having the best potential for revitalization within the Waterloo Region Housing (WRH) portfolio;
- Implementing the Public Health Radon initiative at WRH sites with basement units; and
- Preparing the transition to Service First Call Centre for WRH and Community Housing Access Centre (CHAC).

Housing collaborates with other Regional programs and services, such as Social Services and Public Health, on initiatives involving the Affordable Housing Strategy targets for housing with supports, the Smoke-Free Policy and the Bed Bug Strategy. Housing also supports additional Regional initiatives such as the Comprehensive Approach to Poverty Reduction, alternative transportation options, and mitigating the impacts of recent changes to Discretionary Benefits and Community Start-Up and Maintenance Benefits (CSUMB).

## **REPORT:**

Housing is a basic necessity, and the Region of Waterloo plays an important role as the Service Manager for community housing. Housing initiatives are driven by the philosophy of *actualizing* a full range of housing, maintaining safe, affordable housing and achieving true integration within the greater community. Housing initiatives complement and help meet the goals and objectives of other Regional initiatives, the Corporate Strategic Plan and the Region's larger vision of creating 'an inclusive, thriving and sustainable community'.



Housing is responsible for property management of Regionally-owned community housing managed through Waterloo Region Housing, encompassing over 50 prescribed community housing providers with approximately 7,500 units who are legislated under the Housing Services Act (previously the Social Housing Reform Act), management of the centralized waiting list for community housing, provision of assisted rent programs, and the creation of new affordable rental and homeownership housing through the Region's Affordable Housing Strategy (please see Attachment A).

## **2012 Achievements**

Regional Council approved the Housing Division's 2012 Progress Plan on May 8, 2012 (Report P-12-057). The many objectives that were achieved are detailed in Attachment B, and items that are not fully completed have been carried over to the proposed 2013 Progress Plan. Also attached is a summary of detailed housing statistics for 2012 (please see Attachment C).

## **Proposed 2013 Progress Plan**

Each year, a Progress Plan is developed to help prioritize Housing initiatives and to focus activity on measurable goals. The Progress Plan is a tool Housing employs to ensure housing plans and strategies are effectively integrated within other Regional programs and services.

The initiatives and accompanying actions proposed for 2013 will help create more affordable housing, develop asset management strategies, realize new operating and financial efficiencies and assist in improving the performance of housing providers.

The actions are targeted to address sustainable outcome areas that deal with program delivery and align with other Regional plans and strategies. These outcome areas specifically address affordability, efficiency, and economic, environmental and community sustainability.

The actions listed in the proposed plan are both task specific (short term) to address current program delivery needs and identified efficiencies, and strategic (longer term) to focus on comprehensive housing issues in Waterloo Region. The actions, either task specific or strategic, are integrated into the daily activities of the Housing Division and are evaluated on a regular basis.

The detailed proposed 2013 Progress Plan is included as Attachment D. Further explanation of key initiatives is provided below for Waterloo Region Housing and Housing Programs.

## **Waterloo Region Housing (WRH)**

### Housing Revitalization Initiative

Redevelopment prospects for community housing sites were investigated by a multi-disciplinary consulting team. The study reviewed the 62 Regionally-owned community housing sites and categorized them based on revitalization potential. Findings of the study recommend a strategic investment plan for future redevelopment, including a detailed report and business plan for six sites with the most potential for revitalization. The examination phase of this initiative has been completed and preparations for a report to Community Services Committee are underway. It is expected that a report will be forwarded to Regional Council in spring 2013.

### Improvements to Capital Assets

Maintaining the infrastructure of Regionally-owned community housing units is a key element of the Waterloo Region Housing Section and our partners in Corporate Resources Facilities Management who prepare tenders and quotations, and provide contract administration during and following capital maintenance work. Delivery of the 2013 capital maintenance work (\$5.45 million) includes, roof

replacements, site improvements, window replacements, balcony upgrades, unit and common space floor replacements, and electrical upgrades.

### Energy Conservation

Waterloo Region Housing continues to participate in the “saveONenergy” initiative, which includes a number of programs focused on electrical power conservation funded by the Ontario Power Authority (OPA) and available to Ontarians through their local electrical utility company. One of the programs offers assistance to tenants living in community housing to replace items such as older, inefficient refrigerators, air conditioners, de-humidifiers, and freezers. The replacement of these older appliances is free of charge for community housing tenants. Representatives of the Region, WRH and local utilities recently started to hold program promotion meetings with WRH family tenants in or near their communities. It is hoped that tenants will benefit from lower utility costs while reducing energy demands as a result of this program. This program is available for community housing tenants across the region whether or not they are responsible for their own electrical utility costs.

### Radon Testing Program

In response to a Health Canada study on Radon and to meet Ontario Public Health Standards, Region of Waterloo Public Health has introduced a Radon Health Promotion Initiative in January 2013 (Report PH-13-004), to increase public knowledge about radon and ways to protect their health. As a result, Waterloo Region Housing staff will develop a Radon testing program focusing on lowest lived-in areas, with any potential budget implications to form part of the 2014 budget process. Where radon levels are of concern, Waterloo Region Housing will initiate remediation options. The Regionally-owned community housing portfolio includes about 1,180 units with basement spaces (lowest lived areas); these are row housing units, as well as single and semi-detached units. There are no Regionally-owned self-contained basement units. Only two of the 29 apartment buildings managed by Waterloo Region may also form part of the testing program; these two buildings have basement levels that are accessible to tenants and contractors for either storage or laundry services. Waterloo Region Housing also plans to communicate their plan to all Waterloo Region Housing tenants with Public Health's assistance. Tenants in units with basement spaces have always been advised, and will be reminded again, that this space is not to be used for occupancy purposes.

### Tenant Health and Safety Issues

WRH continues to work with community partners to help provide needed services and supports to their tenants, through existing and new initiatives, such as the Integrated Assisted Living Program (IALP), inReach Program and Community Justice Initiatives (CJI), as described below.

Waterloo Wellington Community Care Access Centre (CCAC) continues to provide the IALP 'Support to Housing' services based in two WRH buildings; Wilson Avenue and Franklin Avenue in Kitchener. The Support to Housing services:

- Offer flexible and responsive supports for activities of daily living (e.g., personal care, homemaking);
- Promote self-management of chronic disease and self-directed care;
- Encourage wellness, and participation in social and recreational activities;
- Monitor and respond quickly to changes in health status and thereby preventing crises; and
- Provide the reassurance and security of a 24 hour response.

The inREACH Program is a community-based collaborative of multiple agencies in Waterloo Region that provides support to current gang involved youth or youth-at-risk of joining a gang. The Youth Outreach Workers help provide youth with one-on-one support, group work, employment counselling, addictions support and recreation activities. The Community Safety and Crime Prevention Council have

engaged in REACH Youth Outreach Workers who are located in existing community centres in five WRH communities. Two of the Youth Outreach Workers are in Cambridge and three work in Kitchener. WRH has expanded the partnership with Community Justice Initiatives (CJI) to work directly with tenants on individual and group communication skills with a focus on problem solving skills and conflict resolution. WRH and CJI will continue to host barbeques allowing WRH tenants the opportunity to utilize these skills in their respective communities.

## **Housing Programs**

### Housing Services Act (HSA)

The Province of Ontario launched its Long-Term Affordable Housing Strategy (LTAHS) and introduced *Bill 140, Strong Communities through Affordable Housing Act, 2010* on Nov. 29, 2010. This is the most significant change for housing since the Province transferred community housing responsibilities to municipal Service Managers, including the Region of Waterloo, over 10 years ago.

Many of the Regulations to Bill 140 were filed by the Province on Aug. 11, 2011, to further support implementation of the new legislation, which took effect on Jan. 1, 2012.

Significant changes included: The *Housing Services Act (HSA)* which replaced the *Social Housing Reform Act, 2000 (SHRA)* and detailed the new operating framework for the delivery of housing programs in the Province of Ontario; the consolidation of homelessness and housing programs to replace the current program-focused framework and provide municipal Service Managers with increased flexibility to meet local needs; and the requirement for a local ten-year Housing and Homelessness plan which will create opportunities for consultation and collaboration to address both local needs and Provincial interests.

On Dec. 5, 2012 (P-12-124) Regional Council approved new and revised policies relating to the administration of community housing. The report detailed the policy recommendations (new and revised) to the Housing Program Administrative Guide that resulted from the 2012 HSA consultation process. The initial focus in 2013 is proposed to be on establishing and implementing the Community Housing Review System, monitoring performance with the Housing Provider Performance Standards (HPPS) Matrix tool, and identifying providers at risk through the Risk Assessment Tool.

### Housing Allowance Update

In November 2006 (Report P-06-107) Council approved participation in the Housing Allowance Program (HAP) and entered the Housing Allowance Agreement with the Ministry of Municipal Affairs and Housing allocating \$2.1 million dollars to provide time limited rent assistance for households in the Region. The HAP funding ended March 31, 2013. To address the short-term funding limitation, staff developed an exit strategy to ensure that participants in the program continued to have their housing needs met at an affordable level beyond the HAP.

A total of 277 households on the Community Housing Access wait list received rent assistance, for up to five years, while living in the private market and waiting for an offer of affordable housing. In addition, partnerships with community service agencies and groups, including Waterloo Region Homes for Mental Health, Reaching Our Outdoor Friends, Lutherwood, the Step Home Collaborative, The Working Centre, Women's Crisis Services, Ontario Works (OW) and Ontario Disability Support Program (ODSP), provided access to the Housing Allowance program for many vulnerable households, homeless individuals and those at risk of homelessness receiving support provided by the agency.

All components of the exit strategy were utilized in achieving successful transition from the HAP rent assistance funding to alternate sustainable affordable housing options for compliant participating households.

### Affordable Housing Strategy

On October 29, 2008, Regional Council endorsed a new Affordable Housing Strategy (AHS) to help create at least 500 new units of sustainable affordable housing, between 2008 and the end of 2013 (P-08-105). By the end of 2012, the Region had developed 404 units towards the goal of at least 500 new units, including 286 affordable rental and supportive housing units and 118 affordable homeownerships. The 404 new AHS units bring the total number of affordable housing units that the Region has helped to create to 1,953.

The current Affordable Housing Strategy also identified two priority areas relating to affordability and supportive housing. The first priority is to create units that are affordable to the lowest income households in the Region. Creating these affordable units requires targeting 40 per cent of all new units created to be available at 65 per cent of the Canada Mortgage and Housing Corporation average market rent. At this rent level, units are affordable to households receiving Ontario Works (OW), Ontario Disability Support Program (ODSP), earning minimum wage, and seniors on fixed incomes. Of the 286 new affordable rental units completed, 121 (42%) are affordable to lower income households. The second priority area is to increase the supply of housing with supports by creating a minimum of 100 affordable supportive housing units, through collaborative efforts with Social Services and other community partners. By the end of 2012, 81 new supportive housing units have been created.

The community is on target to achieve Regional Council's goal of helping to create at least 500 new units of sustainable affordable housing by the end of 2013. There currently is \$1.7 million in unallocated senior government funding for rental and supportive housing (approximately 14 – 18 units), in addition to another 76 units under construction or expected to start construction in 2013, and potentially 10 to 24 new affordable home ownership units. Staff will be issuing a call for Expression of Interest this spring and will bring forward the results in a future report for consideration by Regional Council.

Staff are now in the preliminary stages of developing a new draft AHS that will be brought forward for consideration by Regional Council in late 2013.

### Strategic Initiatives

Staff has been engaged in a number of strategic initiatives to address specific issues that impact tenants of community housing and program delivery, public and private landlords, and the residents of Waterloo Region. These issues can impact tenant health and well-being, and can affect landlords' operating costs and the level of service they provide their tenants.

#### Updated Community Action Plan for Low to Moderate Level Housing

In June 2005, *Waterloo Region in the 21<sup>st</sup> Century: A Community Action Plan for Housing* (the Action Plan), was endorsed by Regional Council (Report P-05-073). The Action Plan was designed to address a broad range of housing issues not yet dealt with in other Regional housing strategies, such as the Affordable Housing Strategy. The Action Plan was developed to determine the state of housing in Waterloo Region, and to provide a community-based strategy to address needs and gaps.

Staff is in the process of updating the Action Plan so that our community can be prepared to address these changing needs. In addition, the updated Action Plan, along with the Homelessness to Housing Stability Strategy, will help the Region to fulfill new provincial requirements for a 10-year Housing and Homelessness plan, which is due by January 1, 2014.

The draft updated Action Plan is proposed to be presented to Regional Council for review in 2013, and will include significant public consultation. The first round of consultations is planned for April 2013, with a second round planned for early Fall. With input from the consultations, staff will then

consider new draft action items and create a work plan to accomplish these actions. The final updated Action Plan is then proposed to be forwarded to Regional Council for consideration in late 2013/early 2014.

#### Housing Provider Performance Standards (HPPS) Matrix, Reporting Requirements and Risk Assessment

On Dec. 5, 2012 (Report P-12-125) Regional Council approved the Housing Provider Performance Standards (HPPS) Matrix and Risk Assessment Tool. These tools enable both the community housing provider and Service Manager to have a common understanding of expectations, standards and remedies for the operation of community housing throughout Waterloo Region. The HPPS Matrix and Risk Assessment Tool focus on four performance standard areas: Governance, Financial Management, Operations, and Asset Management, and addresses the degree of concern as well as potential remedies/solutions.

Under the *Social Housing Reform Act, 2000*, and in the successor legislation, the *Housing Services Act, 2011* housing providers have a legal obligation to ensure their projects are well managed, and the Service Manager has the responsibility to ensure this is the case. As part of the required annual financial reporting process, housing staff will assess specific indicators within the HPPS Matrix and provide feedback and risk assessment ratings on the housing provider's administration of the property. Regional staff will offer assistance to address the concerns in an effort to ensure properties, in the opinion of the Service Manager, are well managed.

#### Housing Information Technology System

In January 1998, the Province transferred social housing to municipalities, under the Local Services Realignment program. In November 1999, the federal government and Ontario signed the Canada–Ontario Social Housing Agreement to transfer federal administration of most Ontario social housing to the Province (although CMHC continued to administer certain housing programs). In December 2000, the *Social Housing Reform Act, 2000* (Act) was enacted requiring municipalities to assume responsibility for social housing programs previously administered by both the Canada Mortgage and Housing Corporation (CMHC) and the Province.

Despite the change in responsibilities, there was no supporting information technology (IT) platform or system provided to Service Managers. Service Managers had to develop, create, or purchase their own IT systems or find alternative solutions in order to support their business operations. The lack of a secure centralized database has exposed Service Managers and the Province to considerable risk with decentralized data, incompatibility of data formats, data integrity and weak audit trails, and has reduced administrative effectiveness and capacity to manage internal and external business performance and reporting.

An initiative was started by four Service Managers in Southern Ontario (Windsor, Hamilton, Waterloo Region and London) at the beginning of 2011 to look for a solution for an integrated database system. Since the first meeting in April 2011, the group of interested service managers has grown to now include:

- City of Windsor
- City of London
- City of Hamilton
- Region of Waterloo
- Region of York
- Region of Halton
- City of Ottawa
- Municipality of Chatham-Kent

The purpose of the project is to create/build upon and implement a web-hosted information system with the focus on producing an integrated database system that provides increased service capacity while streamlining housing program(s) operations. Staff involved in this initiative will provide more information to Committee and Council as the initiative progresses.

The Region of Waterloo in-kind contribution to the development includes leading the Request for Proposal process and acting as the Project Manager through the development and testing phases.

#### Insurance for Prescribed Providers

Housing Services Corporation (HSC), previously known as the Social Housing Services Corporation (SHSC), approved program changes and refinements to their insurance program that took effect for the 2012/2013 renewal year, based on feedback obtained through a series of consultation sessions with insurance program stakeholders in 2012. The key changes were:

- The creation of two streams for housing providers based on the provider's total insured property values;
- The option for all providers to obtain a quote from an alternate broker rather than on a case-by-case exemption basis;
- Removal of the premium differential of 10 percent; and,
- Reduction of the administration fee for those with alternate brokers to two and a half percent from the previous five percent amount.

These changes address Council's earlier concerns when HSC (then SHSC) informed Service Managers in June 2011 of a change in policy that housing providers who were prescribed to participate in their housing insurance program would be required to purchase their insurance only through the HSC approved broker, AON Reed Stenhouse, Inc. Previously, housing providers were allowed to obtain comparable coverage from independent brokers. Regional Council objected to this policy change and passed a resolution on June 29, 2011 (Report RC-11-005) to request HSC to immediately reverse its decision, and for HSC to initiate a process to ensure that all of its programs and services (including insurance) are based on open, competitive bidding processes.

A report to Council in October 2012 (Report P-12-111) gave additional information about the HSC consultation process and outcome. Providers with total insured values under \$100 million would be in Stream A of the program, and would participate in a group insurance pool, whereas providers with total insured values over \$100 million would be in Stream B (e.g. Waterloo Region Housing), which would be individually underwritten by the program broker. In either stream, all providers will have the option to solicit a quote from an alternate broker, based on minimum coverage standards and price competitiveness.

On October 24, 2012, Regional Council accepted the bid for the Waterloo Region Housing 2012/13 general insurance program from the Frank Cowan Company Limited at \$329,034 (including taxes and the HSC fee of \$8,387), compared to the required bid for the HSC's Group Insurance program administered by AON Reed Stenhouse Inc. at \$649,627 (including estimated taxes) (Report F-12-087).

In early 2013, Service Managers were invited by HSC to participate in an Insurance Benchmarks webinar. Their concern is that the Insurance Benchmarks (part of the housing subsidy funding model) are inadequate to cover the increasing costs of insurance for housing providers. In this initial conversation, HSC suggested either increasing the insurance benchmark and/or creating a "pass through" for insurance costs similar to property taxes, where the actual costs are part of the subsidy calculations. Either change would require approval from Ministry of Municipal Affairs and Housing. Staff have prepared a written response to HSC that the current benchmarks for insurance are sufficient for our housing providers' insurance costs, and will bring forward to Council an update report on this issue.

During the upcoming insurance renewal process scheduled throughout summer 2013, housing providers in Waterloo Region will be encouraged to complete a procurement process, including multiple quotes to take advantage of the alternate broker process and the additional risk management supports available.

**Area Municipal Consultation and Coordination**

Regional staff continue to meet with Area Municipal staff to review affordable housing proposals submitted within their Municipality and to provide updates on affordable housing under development. Area Municipal staff was also consulted regarding the WRH Revitalization Initiative. Staff will continue to seek Area Municipal input into housing policy and program development. A copy of this report will be forwarded to each Area Municipality.

**CORPORATE STRATEGIC PLAN:**

Council's Strategic Focus Area Four includes actions to update and monitor the implementation of the Region's Affordable Housing Strategy. Focus Area Five includes actions to continue ensuring all Regional programs and services are accessible, efficient, effective and responsive to community needs.

**FINANCIAL IMPLICATIONS:**

The costs of supporting the Region's Community Housing programs are provided through Council's approved annual budget. New affordable housing creation is largely dependent on funding commitments from senior levels of government.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

This report has been shared with Finance, Legal, Social Services and Corporate Resources. Housing staff is highly interconnected with staff from these departments in the development and delivery of programs and services.

**ATTACHMENTS:**

Attachment A - Overview of the Housing Division  
Attachment B - 2012 Achievements  
Attachment C - Housing Facts, 2012  
Attachment D - Proposed 2013 Progress Plan

**PREPARED BY:** *Jennifer Murdoch*, Manager, Housing Programs  
*Irwin Peters*, Manager, Waterloo Region Housing  
*Deb Schlichter*, Director, Housing

**APPROVED BY:** *Rob Horne*, Commissioner of Planning, Housing and Community Services

## An Overview of the Housing Division

## Attachment A

The Region of Waterloo assumed full administrative responsibility for Community Housing in 2001. In the years since the transfer, Regional Council has approved policies and procedures in the administration of housing.

The Housing Division administers Community Housing owned by the Region of Waterloo and managed through Waterloo Region Housing, oversees the waiting list for Community Housing and rent assisted programs, oversees the operations of non-profit and co-operative housing, creates new affordable housing through the Region's Affordable Housing Strategy, collaborates on the delivery of a variety of housing incentive policies and programs with Federal and Provincial governments, Area Municipalities and housing stakeholders, conducts housing research and collaboratively develops strategic directions to maintain and improve the vitality of the Region's Community Housing stock, and works closely with other Regional Departments to fulfill these responsibilities.

### Program Areas

#### Waterloo Region Housing

- Manages 2,722 regionally owned units in the cities of Kitchener, Cambridge and Waterloo and in the townships of Wilmot, Woolwich, and Wellesley.

#### Affordable Housing Strategy

- Oversees new affordable housing development with a target of helping to create at least 500 new units of sustainable affordable housing by the end of 2013.
- Oversees the Affordable Home Ownership Program, helping rental households become homeowners.

#### Housing Administration

- Acts as Service Manager for the administration of local non-profit and co-operative community housing programs.
- Governs Federal, Provincial and Regional funding allocations to Community Housing.
- Ensures housing provider compliance with relevant legislation, effective governance and tenant relations.

#### Strategic Initiatives

- Aligns and links housing initiatives with broader corporate and community initiatives and works to increase interdepartmental communication and action.
- Policy and research.

#### Community Housing Access Centre

- Operates and maintains the Region's centralized waiting list for Community Housing, which contains 3,000 households at any given time.
- Amends and updates local policies and procedures as prescribed by the *Housing Services Act*.

#### Assisted & Affordable Housing Programs

- Works with private sector and non-profit landlords to rent geared-to-income, below average market rent and housing allowance units to applicants on the centralized waiting list.



## 2012 Achievements

## Attachment B

- ✓ Completed the integration of service delivery for Region of Waterloo Community Housing Inc. (ROWCHI) units into the WRH portfolio
- ✓ Engaged consultants to study revitalization options for Waterloo Region Housing sites.
- ✓ Continued WRH preventive maintenance program in collaboration with Facilities.
- ✓ Continued to address tenant health and safety issues by raising awareness about the Region's Bed Bug information campaign and Smoke-Free Policy
- ✓ Completed consultation with Community Housing Providers and stakeholders, received Council approval for revised and new policies and procedures relating to the new Housing Services Act (HSA) requirements
- ✓ Ensured Housing Providers received training on the implementation of Building Condition Audits, Reserve Fund Studies and Energy Audits
- ✓ Developed the Housing Provider Performance Standards (HPPS) Matrix, to identify and classify Providers at Risk.
- ✓ Addressed tenant health and safety issues by raising awareness about hoarding issues
- ✓ Ensured tenants had alternative affordable housing options through the Housing Allowance Program and Short-Term Rent Support Program.
- ✓ Completed installations of connection of solar panels, complete all payments and reconciled funding through the Social Housing Retrofits and Renovation Program – Renewable Energy Initiative (SHRRP-REI)
- ✓ Issued GST/HST rebates from SHRRP to 46 housing providers which includes WRH
- ✓ Completed coordination of the Short Term Rent Support Program, assisting 211 households allocating \$1,127,130.
- ✓ Completed draft business requirements for new information technology system, in collaboration with six other Service Managers
- ✓ Created Ontario Renovates Guidelines and strategies, and started program delivery
- ✓ Started construction on three Affordable Housing Strategy (AHS) development.
- ✓ Completed one new Affordable Housing Strategy (AHS) development.
- ✓ Assisted 19 households achieve affordable homeownership.

## Housing Facts – 2011 and 2012

## Attachment C

### Waiting List

	<u>2011</u>	<u>2012</u>
Active households on waiting list	3,280	3,162
Number of new applications	2,282	2,039
Total households housed	733	726
SPP housed	163	151
(Victims of domestic violence)		
Number housed under local Priorities:		
▪ Terminally ill	3	4
▪ Urgent	143	173
▪ Sunnyside	0	0
Average wait times (unchanged):		
▪ Seniors	1 to 2 years	
▪ Bachelor & 1-bedroom		
(Singles/Non-Seniors)	4 to 6 years	
▪ 2-bedroom	2+ years	
▪ 3-bedroom	2+ years	
▪ 4/5-bedroom	3 to 4 years	

### Affordable Housing Strategy (AHS)

	<u>2011</u>	<u>2012</u>
New AHS rental units occupied	130	2
New AHS rental units under construction	4	26
New homeowners under the Affordable Home Ownership Program (AHO)	27	19
Value in AHO homes purchased	\$5.2M	\$3.9M
Total AHS units created since 2008	383	404
Total AHS units created since 2001	1,932	1,953

### Investment in Affordable Housing (IAH) New Business Ventures

	<u>2011</u>	<u>2012</u>
Households assisted with the Ontario Renovates program	0	14
Households assisted with the Temporary Housing with Supports program	0	6

**Proposed 2013 Progress Plan – Housing Division****Attachment D**

<b>Waterloo Region Housing (WRH)</b>								
<b>Initiative</b>	<b>Actions</b>	<b>Anticipated Completion Date (MM/YY)</b>	<b>Carried over from 2012</b>	<b>Outcome Areas</b>				
				<b>Efficiencies</b>	<b>Affordability</b>	<b>Economic Sustainability</b>	<b>Environmental Sustainability</b>	<b>Community Sustainability</b>
<b>Housing Revitalization Initiative</b>	<ul style="list-style-type: none"> <li>Create a strategic investment plan for the intensification and/or redevelopment of key Waterloo Region Housing (WRH) properties, and plan for implementation</li> </ul>	12/13	✓	✓	✓	✓	✓	✓
<b>Capital Asset Improvements</b>	<ul style="list-style-type: none"> <li>Monitor the implementation of the WRH Capital Plan in collaboration with Facilities</li> </ul>	12/13		✓	✓	✓	✓	
<b>Tenant Health and Safety Issues</b>	<ul style="list-style-type: none"> <li>Monitor community partner response to deal with tenant health and safety issues such as hoarding, mental health challenges, problem solving skills and conflict resolution</li> </ul>	12/13	✓	✓		✓		✓
<b>Radon Testing</b>	<ul style="list-style-type: none"> <li>Develop a Radon Testing program</li> </ul>	05/13		✓			✓	
<b>Call Centre</b>	<ul style="list-style-type: none"> <li>Identify and address new business practices in response to implementation of the new Service First the Call Centre</li> </ul>	12/13		✓				

## Proposed 2013 Progress Plan – Housing Division

Housing Administration								
Initiative	Actions	Anticipated Completion Date (MM/YY)	Carried over from 2012	Outcome Areas				
				Efficiencies	Affordability	Economic Sustainability	Environmental Sustainability	Community Sustainability
<b>Housing Services Act (HSA)</b>	Service Manager Policies and Procedures: <ul style="list-style-type: none"> <li>Develop policies and procedures (in-house) for the Service Manger</li> <li>Complete Service Manager manual update</li> </ul>	12/13	✓	✓				
	Create framework the Community Housing Review System <ul style="list-style-type: none"> <li>Start Reviews by April 2013</li> <li>Complete distribution of new/revised policies and procedures</li> <li>Seek feedback from housing providers regarding implementation of new polices, procedures and local standards</li> </ul>							
	Housing and Homelessness Plan: <ul style="list-style-type: none"> <li>Await strategic plan from the Province for the Housing and Homelessness Plan</li> </ul>							

<b>Community Housing Asset Management Strategy (CHAMS)</b>	<ul style="list-style-type: none"> <li>Develop internal process to utilize Reserve Fund Studies as part of the annual budgeting process for Housing Providers</li> <li>Assist Community Housing Providers in creating preventative maintenance plans</li> <li>Assist Community Housing Providers in the development of a five-year capital plan and implement an annual review strategy</li> </ul>	08/13	✓	✓				
<b>Information Technology</b>	<ul style="list-style-type: none"> <li>In collaboration with 8 other Service Managers, lead the an RFP process for the development of the new IT system for administering community housing</li> <li>Complete testing phase</li> </ul>	12/13	✓	✓	✓			
<b>Radon Testing</b>	<ul style="list-style-type: none"> <li>Provide housing providers with information regarding Regional Radon Health Promotion Initiative</li> </ul>	05/13		✓			✓	
<b>Performance Monitoring and Risk Management</b>	<ul style="list-style-type: none"> <li>Use Housing Providers Performance Standards Matrix and Risk Assessment Tool during annual reporting process for each housing provider</li> <li>Monitor housing provider performance and put into effect new reporting requirements</li> <li>Provide reporting to providers regarding arrears and vacancy loss performance</li> </ul>	12/13		✓			✓	
<b>Follow-up with HSC regarding insurance benchmarks</b>	<ul style="list-style-type: none"> <li>Send HSC our written response regarding insurance benchmarks</li> <li>Report back to Council</li> </ul>	05/13		✓		✓		

## Proposed 2013 Progress Plan – Housing Division

Community Housing Access Centre (CHAC)								
Initiative	Actions	Anticipated Completion Date (MM/YY)	Carried over from 2012	Outcome Areas				
				Efficiencies	Affordability	Economic Sustainability	Environmental Sustainability	Community Sustainability
<b>Access Site Review</b>	<ul style="list-style-type: none"> <li>Establish Implementation Plan and timelines</li> </ul>	12/13	✓	✓				✓
<b>Policy Development</b>	<ul style="list-style-type: none"> <li>Educate/train all stakeholders on new requirements</li> </ul>	12/13	✓	✓		✓		✓
<b>Expanding existing tools for applicants/providers</b>	<ul style="list-style-type: none"> <li>With Yardi pursue online application process and correspondence module</li> <li>Provide housing provider access to the local arrears database</li> <li>Redevelop the online housing catalogue for applicants</li> </ul>	12/13		✓				✓
<b>Call Centre</b>	<ul style="list-style-type: none"> <li>Identify and address new business practices in response to implementation of the new Service First the Call Centre</li> </ul>	12/13		✓				

## Proposed 2013 Progress Plan – Housing Division

Affordable Housing Strategy (AHS)								
Initiative	Actions	Anticipated Completion Date (MM/YY)	Carried over from 2012	Outcome Areas				
				Efficiencies	Affordability	Economic Sustainability	Environmental Sustainability	Community Sustainability
<b>Call for Expressions of Interest</b>	<ul style="list-style-type: none"> <li>Issue call for Expressions of Interest for new rental and supportive housing</li> </ul>	06/13			✓	✓	✓	✓
<b>New Affordable Housing</b>	<ul style="list-style-type: none"> <li>Assist four additional AHS projects to achieve construction starts in 2013.</li> </ul>	12/13	✓		✓	✓	✓	✓
<b>New Affordable Housing Strategy</b>	<ul style="list-style-type: none"> <li>Draft new Affordable Housing Strategy to commence 2014</li> </ul>	11/13	✓	✓	✓	✓	✓	✓

Strategic Initiatives								
<b>Community Action Plan for Housing</b>	<ul style="list-style-type: none"> <li>Data analysis and background document</li> </ul>	04/13	✓	✓	✓	✓	✓	✓
	<ul style="list-style-type: none"> <li>First community consultation</li> </ul>	04/13		✓	✓	✓	✓	✓
	<ul style="list-style-type: none"> <li>Update report to Regional Council</li> </ul>	06/13		✓	✓	✓	✓	✓
	<ul style="list-style-type: none"> <li>Second community consultation phase</li> </ul>	09/13		✓	✓	✓	✓	✓
	<ul style="list-style-type: none"> <li>Draft plan for consideration by Regional Council and consolidation with Housing Stability Strategy into Housing and Homelessness Plan for review by Province</li> </ul>	10/13		✓	✓	✓	✓	✓

## Proposed 2012 Progress Plan – Housing Division

Assisted and Affordable Housing Programs (AAHP)								
Initiative	Actions	Anticipated Completion Date (MM/YY)	Carried over from 2012	Outcome Areas				
				Efficiencies	Affordability	Economic Sustainability	Environmental Sustainability	Community Sustainability
<b>Rent Supplement Review</b>	<ul style="list-style-type: none"> <li>Assess and implement recommendations for the Review</li> </ul>	12/13		✓				





**REGION OF WATERLOO**

**PUBLIC HEALTH**

**Healthy Living, Planning and Promotion**

**PLANNING, HOUSING AND COMMUNITY SERVICES**

**Housing**

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**TO:** Chair Sean Strickland and Members of the Community Services Committee

**DATE:** April 9, 2013

**FILE CODE:** P 13-20

**SUBJECT: SMOKE-FREE POLICY FOR NEW LEASES AND TRANSFERS IN REGIONALLY-OWNED COMMUNITY HOUSING – ANNUAL UPDATE**

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**RECOMMENDATION:**

For information

**SUMMARY:**

This report outlines the progress made in 2012 by Waterloo Region Housing (WRH) and Region of Waterloo Public Health (ROWPH) with respect to the implementation of Regional Council's Smoke-free Policy for new leases and transfers in Regionally-owned community housing, which came into effect April 1, 2010. For summary reports on implementation from previous years see PH-12-006/P-12-029, PH-11-006/P-11-019 and PH-11-008.

Policy implementation has run very smoothly to date, as reflected within this report. As of December 31, 2012 just over 830 (30.5%) of WRH units have a smoke-free lease in place. This is at the expected annual increase of at least ten per cent (full implementation in ten years). Complaints have been low and resolved without significant action. As expected, there continues to be relatively minor costs for physical changes to the properties and maintenance repairs to units, as well as staff time spent addressing smoking issues. There also continues to be minimal up-take of the tobacco cessation options for tenants. The overall successful implementation of the smoke-free policy is likely due to extensive communications with tenants, including communication that occurred prior to implementation. However, it will take a number of years to measure the full effect of the smoke-free policy. Council will be updated on the progress of the policy on an annual basis.

**REPORT:**

Smoke-free policies in multi-unit dwellings help to promote population health and health equity by reducing exposure to tobacco smoke (a known carcinogen), and providing supportive environments for decreasing cigarette consumption, increasing quitting, and discouraging smoking initiation<sup>1</sup>. The Region of Waterloo is the first municipality in Ontario and second in Canada to adopt a smoke-free community housing policy for regionally owned housing, a portfolio which includes 2,722 affordable housing units across Waterloo Region. This report provides an update of the policy implementation process from January 1, 2012 to December 31, 2012, including complaints and enforcement, tobacco cessation programming, promotion of the policy to other community housing providers, policy evaluation data and next steps.

**Policy Implementation Process for Waterloo Region Housing (WRH)**

As of December 31, 2012 just over 830 (30.5%) of WRH units have a smoke-free lease in place. A breakdown of smoke-free leases by property type is provided below.

### Percentage and Number of Smoke-Free Leases/Units

Property Type & Total Number of Units	as of Dec. 31, 2010	as of Dec. 31, 2011	as of Dec. 31, 2012
Family (1339)	12.2% (163)	24.9 (334)	35.3% (473)
Adult under 60 years (307)	7.8% (24)	16% (49)	22.8% (70)
Senior (1076)	8% (86)	18.5% (199)	26.8% (288)
Total (2722)	10% (273)	21.4% (582)	30.5% (831)

Since implementation of the policy in April 2010, the average turn-over of WRH managed units is just under 1% each month.

### Complaints and enforcement

Since the inception of the policy, WRH staff have received, responded to and tracked complaints following the *Smoke-Free Procedure for Waterloo Region Housing Staff*. In addition, staff hours and expenses have been tracked.

### Complaints and Outcomes

	2010 (April- December)	2011 (January- December)	2012 (January- December)	Total
Smoking Related Complaints	21	32	16	69
Initial Warning Letter	5	14	7	26
Secondary Letters	0	3	2	5
Requests for Internal Review	0	0	0	0
Brought to Landlord and Tenant Board for mediation/order	0	1	0	1
Staff Hours Spent on Smoking Related Complaints	57	85	55	197
Maintenance Costs to Units Related to Smoking Issues (painting and foam insulation)	\$5,500	\$12,000	\$8,500	\$26,000
Physical Changes to Properties (signs, ashtrays)	\$19,260	\$1,800	\$1,400	\$22,460

- As noted above, one tenant was brought before the Landlord and Tenant Board for mediation/order in 2011, however, smoking was just one issue and the tenant vacated the unit due to other tenancy issues unrelated to smoking. Maintenance costs to units for items such as painting and foam insulation after a smoking tenant moves out would have been spent whether the policy was implemented or not, and physical costs in 2012 for outdoor environmental supports simply cover replacement of damaged signs and re-painting pavement perimeter markings.

**Ongoing communication to tenants**

- Information inserts and articles have been included in six issues of the WRH tenant newsletter "*What's Up*", which is delivered to each unit within WRH.
- Notices are posted inside the lobbies and common areas of all WRH buildings describing the smoke-free policy; staff is working on a more prominent sign for lobbies and entrance doors reminding tenants and visitors about the policy.
- The smoke-free policy remains posted on the WRH webpage.

**Tobacco Cessation**

Property Managers and Community Relations Workers discuss available cessation services with tenants at annual tenant meetings, with offers of housing, and at lease signing. Cessation programming is also promoted by WRH when smoking-related issues emerge. Community Relations Workers (CRWs) received training in November 2012 to be able to provide brief cessation counselling to tenants.

**Individual counselling and group counselling:**

New tenants have the option of receiving either one-to-one or group cessation counselling. Grandfathered tenants are offered group counselling only.

**Cessation Counselling Options and Participation**

	<b>2010 (April- December)</b>	<b>2011 (January- December)</b>	<b>2012 (January- December)</b>	<b>Total</b>
New Tenant Individual Counselling	0	1	2	3
Group Counselling Sessions Offered	2	1	1	4
Tenants Participating in Group Counselling	9	9	0	18
Tenants that Completed the Group Counselling Program	5	4	0	9
Total Reported Reductions at Completion (Individual and group)	3	5	1	9
Total Reported Quit at Completion (Individual and group)	2	0	1	3
Received Nicotine Replacement Therapy	4	4	1	9

- Public Health offered one group cessation program in 2012. The program was offered in Kitchener. There were no registrants so the group was cancelled.

**Tenants experiencing health conditions or other challenges that complicate their ability to comply with the policy:**

Tenants who are required to comply with the policy, but who face physical, mental, cognitive or other health conditions that make it difficult for them to do so, are eligible for specialized support to help them achieve compliance. Public Health has not received any requests to provide specialized cessation support services between April 2010 and December 2012.

**New Cessation Workshop Opportunity for 2013**

Based on the low uptake of the cessation programs provided by ROWPH and evidence suggesting that many smokers make quit attempts with minimal intervention, an alternative smoking cessation workshop strategy will be piloted in 2013.

The workshops will be 3-hours in length and offer a combination of counselling with the dispensing of five weeks of free nicotine replacement therapy (NRT) to eligible tenants. The workshop will

include a one-hour presentation by a trained smoking cessation Public Health Nurse that focuses on cessation strategies, myths, and facts. Participants will be followed up 4 weeks after the workshop and at 6 months to determine smoking status and offer additional supports if necessary.

The workshop format will replace the current group programming option offered to WRH tenants. One-to-one counselling for new lease holders and specialized cessation supports for tenants experiencing health conditions or other challenges that complicate their ability to comply with the policy would continue to be offered as originally proposed and approved by Regional Council.

### **Promotion to Other Waterloo Region Community Housing Providers**

In 2012, WRH and ROWPH worked together to promote smoke-free policies to other Waterloo Region community housing providers. A bulletin was sent to all housing providers in Waterloo Region to inform them that if they decide to implement a smoke-free policy, they are requested to inform the Community Housing Access Centre so that the waiting list application can be updated annually with this status change. The bulletin also included background information on how to create a policy and sample policies. In addition, discussion of smoke-free policies continue to be incorporated into training events and site visits, and housing providers are informally surveyed at meetings to gauge their interest in smoke-free policies.

A small number of local community housing providers have adopted smoke-free policies: Kitchener Housing Inc., Cambridge Kiwanis, Hellenic Community Homes and Shamrock Co-operative Homes. There are also 3 buildings (565 Margaret St. Cambridge, 364 Erb St. W. Waterloo and 90 Peel St. New Hamburg), developed under the Affordable Housing Strategy, that adopted a smoke-free policy prior to occupancy. These buildings did not need to “grandfather” existing tenants, therefore all of the units in these buildings are smoke-free. A number of others local housing providers are considering adopting a policy.

### ***Consultations with Other Housing and Health Care Providers***

Promotion of this policy initiative has resulted in eight requests for consultations from housing and health care providers across Ontario. Staff from Public Health and Housing were also invited to present on our experience implementing and evaluating the policy at the Cooperative Housing Federation of Canada Conference in June 2012 and the Non-Smokers' Rights Association's Smoke-Free Multi-Unit Dwellings: Looking Back, Moving Forward workshop in November, 2012.

### **Evaluation**

The Region of Waterloo has partnered with the University of Waterloo's Propel Centre for Population Health Impact to complete a comprehensive evaluation of the smoke-free policy to track progress and measure the effectiveness of the policy. Core evaluation components include a tenant survey, air quality monitoring, and documentation of enforcement activity in a database. In 2012 a WRH staff survey was also conducted.

A pre-policy tenant survey was conducted in March 2010 (for results see PH-11-008), followed by a post-survey tenant survey in April 2011 (for results see PH-12-006). A decision was made by the Smoke-free Housing Policy Committee to survey tenants every other year because tenant turnover does not change enough year-to-year to see significant changes in results. Conducting the survey annually could result in survey fatigue, and decreasing response rates from previous surveys indicate this to be a potential issue. For these reasons a tenant survey was not conducted in 2012. The next data collection will occur in March/April 2013, with results to be reported in 2014.

An air quality study is being conducted to measure second-hand smoke in common spaces (lobbies, hallways, stairwells, common rooms) in six different buildings. This will allow for changes in second-

hand smoke levels to be monitored in common spaces of the housing portfolio to understand the effectiveness of the policy to alter smoking behaviour. Initial sampling and evaluation of air quality was conducted in March 2010 (for results see PH-11-008). Further air quality testing will not be conducted until one of these six buildings becomes 100 per cent smoke-free. The rationale for this decision is that year-to-year variance will not be great enough to produce meaningful results, therefore the cost of testing will not be worthwhile until a building reaches 100 per cent smoke-free status.

### ***Waterloo Region Housing (WRH) Staff Survey***

Waterloo Region Housing staff was surveyed in May 2012 to evaluate staff experiences with the smoke-free policy to: a) find potential ways to improve the implementation process; and b) help guide qualitative research being conducted by the Ontario Tobacco Research Unit on the WRH smoke-free policy. Eight staff members responded to this survey. Overall, staff reported positive and negative effects of the policy such as:

<b>Positive effects</b>	<b>Negative effects</b>
People going outside to smoke even if their lease does not require it	New tenants smoking inside their smoke-free unit
People smoking less, most visitors complying with the policy	Policy “hard to prove” and “hard to police”
Effective communication with tenants to increase awareness of the policy	Tenants in smoke-free units taking no-smoking stickers off doors in an attempt to hide that they reside in a smoke-free unit
A working complaints process	Tenants standing too close to the building

Modifications to building properties have been made as a result of the findings, including use of better stickers which are not easily removed from doors, movement of benches 5 metres away from buildings, and the painting of lines at all building entrances and exits, rather than just at main entrances and exits. The policy continues to be addressed at every tenant gathering. Complaints are dealt with in a timely manner.

### ***Ontario Tobacco Research Unit Qualitative Evaluation***

The Ontario Tobacco Research Unit, in collaboration with the Propel Centre for Population Health Impact, the Non-Smokers' Rights Association/Smoking and Health Action Foundation, ROWPH, WRH, and Yukon Housing Corporation (YHC), recently received a Canadian Institutes for Health Research (CIHR) grant. The goals of this project are to examine how two different policy approaches (grandfathering in WRH versus no-grandfathering in YHC) impact the implementation and enforcement of no-smoking policies and the experiences and behaviours of tenants. This research includes collecting documentary materials (e.g. survey data, reports), conducting focus groups with key stakeholders regarding policy implementation and interviews with smoking, non-smoking, and prospective tenants on wait lists, and conducting air quality testing in common areas of YHC building sites.

Results of this research will help to identify challenges and experiences with implementing and enforcing a smoke-free housing policy, which will benefit policy implementation in WRH and will add to the body of knowledge around smoke-free housing policy implementation for other jurisdictions. Data collection is currently underway, and results of this research are anticipated to be available in April 2013.

### **Next Steps**

Housing and Public Health staff will continue to enforce and monitor the policy and respond to any inquiries and complaints. Cessation services will continue to be offered and promoted to tenants,

and presentations and consultations about smoke-free policies and processes will occur with other community housing providers as requested. Implementation of the policy will continue to be evaluated as outlined in this report.

### **Ontario Public Health Standards**

Under the *Health Protection and Promotion Act*, Region of Waterloo Council serves as Waterloo Region's Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards (OPHS), which outline the expectations for providing public health programs and services. This report provides information related to the compliance with Foundational Standard Requirements and Chronic Diseases and Injuries Program Standards Requirements.

### **CORPORATE STRATEGIC PLAN:**

Waterloo Region Housing and Public Health deliver effective, citizen-focused service to Community Housing residents, supporting Council's 2011-14 vision, mission, values, and focus areas. The activities outlined in this report reflect the actions WRH and Public Health are taking to support: Strategic Focus Area 4, Healthy and Inclusive Communities, enhance community health, safety, inclusion, and quality of life; and, Strategic Focus Area 5, Service Excellence, deliver excellent and responsive services that inspire public trust.

### **FINANCIAL IMPLICATIONS:**

The ongoing costs of implementing the policy outlined in this report have been accommodated using approved budget resources in Public Health and Planning, Housing and Community Services.

### **OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

This report was a collaboration between Public Health and Planning, Housing and Community Services

.

### **ATTACHMENTS:**

NIL

**PREPARED BY:** *Laurie Nagge, R.N., Public Health Nurse*  
*Julia Pilliar, Public Health Planner*  
*Kevin O'Hara, Area Operations Supervisor, Waterloo Region Housing*  
*Irwin Peters, Manager, Waterloo Region Housing*  
*Jennifer Murdoch, Manager, Housing Programs*

**APPROVED BY:** *Dr. Liana Nolan, Commissioner/Medical Officer of Health*  
*Rob Horne, Commissioner of Planning, Housing and Community Services*

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<sup>1</sup> Kaufman, P. Promoting Health and Health Equity through Understanding Compliance within Smoke-Free Community Housing. CIHR Grant Submission 2010.



## REGION OF WATERLOO

### PUBLIC HEALTH Emergency Medical Services

Report: PH-13-016

**TO:** Chair Sean Strickland and Members of the Community Services Committee

**DATE:** April 9, 2013

**FILE CODE:** P06-80

**SUBJECT:** Improvements to EMS Service Delivery

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#### RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the initiatives to improve the consistency of EMS Service Delivery, as outlined in Report PH-13-016, dated April 9, 2013

#### SUMMARY:

The Region of Waterloo is implementing a major internal initiative within the Emergency Medical Services (EMS) Division to improve the consistency of EMS service delivery.

The action plan has the identified goal of “Excellence in patient care”, as defined by 3 elements:

- Delivering quality patient care every time (meet or exceed ALS and BLS standards)
- Accurate and complete documentation
- Providing paramedics with the resources they need (equipment and vehicles ready every time)

The Region of Waterloo is committed to providing the highest quality, consistent EMS service. It values transparency and prompt, effective action. This report is being shared with all EMS stakeholders in order to support this continuous improvement initiative.

#### REPORT:

##### 1.0 Introduction

The Region of Waterloo is implementing a major initiative within the EMS Division to improve the consistency of EMS Service Delivery. The initiative has the identified goal of “Excellence in Patient Care”. The key elements of this initiative are described in Section 2 of this report.

This initiative was launched to deal with a number of issues regarding a lack of consistency in the provision of EMS service. These issues were highlighted through an internal investigation and an external review completed recently by the Ministry of Health. The findings of the internal investigation and the Ministry of Health review are summarized in sections 3 and 4 of this report.

##### 2.0 Improvements to EMS Service Delivery

An internal investigation and external review by the Ministry of Health recently identified a number of issues regarding a lack of consistency in EMS service delivery. To deal with these issues, the Region has developed and is implementing a significant initiative with the identified goal of ensuring “Excellence in Patient Care”. There are 3 overall objectives of the plan, namely:

- Delivering quality patient care every time (meet or exceed Ministry of Health Advanced Life Support(ALS) and Basic Life Support(BLS) standards)
- Accurate and complete documentation
- Providing paramedics with the resources they need (equipment and vehicles ready every time)

A number of actions have already been implemented including the following:

- Following the departure of the Region's Chief of EMS on March 1, 2013 ROW EMS seconded two staff from Toronto EMS. A 6 month secondment agreement has now been finalized, ending September 20. Arthur Graham has been appointed Interim Director EMS and Sheryl Jackson has been appointed Special Advisor, Quality Assurance. Both individuals have extensive experience in EMS, management and quality assurance. They are ensuring smooth day to day operations during this transition period and have undertaken an assessment of quality assurance gaps.
- EMS management and front line staff have been engaged through regular communication from Dr Nolan. Some staff and management have also had the opportunity to provide feedback to Dr Nolan, Arthur Graham and Sheryl Jackson, in the preliminary assessments. Existing EMS management are collaborating with Arthur Graham, Sheryl Jackson and Dr Nolan to address the gaps identified and fulfill the legislated requirements. Clear expectations for accountability are being communicated to management staff.
- EMS Management has engaged with key local stakeholders, specifically the Base Hospital and CACC (Ambulance Dispatch Cambridge). They have started the dialogue to collaboratively make improvements to operational challenges and quality assurance issues.
- ROW EMS has initiated a focused process to meet identified quality assurance gaps, engaging all staff and management in the process. The outcome will be optimized quality assurance practices and successful completion of the certification review, as required through the routine recertification process. Preparations for the review are underway with assigned roles and responsibilities across the management team and throughout the organization. Team meetings will ensure all information is gathered and all resources are prepared for the Review process. Preparations also include a mock audit.
- Explicit actions related to improving employee engagement are being identified and undertaken. Senior team "ride out days" have been scheduled.

Over the medium term (within the next 3 to 6 months) further actions will include:

- The Region will initiate a recruitment process for a new Director of EMS
- The Region will engage expert consulting assistance to conduct an in-depth analysis of management structure and roles, and to make recommendations for optimization. There will also be a 3<sup>rd</sup> party random audit process by the consultant and a monitoring process established.
- A 3<sup>rd</sup> party audit of a sample of Ambulance Call Reports will be undertaken via contract by Ministry Review Team members. Feedback will be provided to individual paramedics, as appropriate.
- The Region will work with the Base Hospital to review the current Memorandum of Understanding, and roles and responsibilities with a view to optimizing quality assurance practices collaboratively.



- Dr. Nolan will provide regular progress reports to Council regarding the implementation of this action plan. The first progress report is planned for August.

Over the longer term (within the next 12 months) additional actions will include:

- Implement ongoing supports for organizational culture change
- Realign management roles and responsibilities as appropriate to optimize resources
- Ongoing quality assurance program will be established
- External monitoring to assist and support successful implementation of the action plan

This action plan has been received by the Ministry of Health and has been determined to be appropriate and acceptable (see Appendix A).

### **3.0 Internal Investigation**

In July 2012 an ambulance crew was observed by a Supervisor not using its warning systems during a code 4 emergency call. A code 4 call is the most serious and urgent type of emergency call. The EMS Dispatch personnel in the Central Ambulance Control Centre (CACC) who receives the 911 call uses a Ministry of Health approved screening tool to determine which calls are code 4 and informs the paramedics who respond. Regional policy requires that paramedics use warning systems on all code 4 calls. Failure to use warning systems was in violation of both Region of Waterloo EMS Policy and the Patient Care and Transportation Standards under the Provincial Ambulance Act. Emergency warning systems include lights and sirens. Warning systems let people know an ambulance is coming and to clear the way. The Highway Traffic Act requires the use of warning systems when driving above the speed limit or crossing an intersection against the traffic lights.

As soon as the incident was identified by EMS management remedial action was taken, and an internal investigation was initiated. The immediate remedial actions included informing all staff that the behaviour was inappropriate and reinforcing relevant existing Regional policies.

The internal investigation involved comparing the tracking of warning system use in the EMS records with information from the Ministry of Health EMS Dispatch database and the EMS call report database. Calls were identified where warning systems were not used, when Regional policy required that they be used. It became apparent that this was not an isolated incident, contrary to clear EMS policy. A number of Regional paramedics were routinely making discretionary decisions not to use emergency warning systems based on their impressions of the severity of the call, in spite of the designation of the call as code 4 by the EMS Dispatch personnel. The paramedics were inconsistent in their practice of following or not following the policy regarding code 4 calls.

The internal investigation into the original incident is now complete and remedial actions have been taken. The internal investigation ultimately included a review of 2,103 code 4 calls which occurred from January to August of 2012. In total, 26 paramedics were disciplined. EMS Management has started regular monitoring to ensure the behaviour has ceased. Quality assurance activities for use of warning systems are ongoing.

Polling numerous services around the Province revealed none that were regularly monitoring emergency warning systems use. All had developed policies similar to ROW EMS that focused on controlling inappropriate warning systems use rather than ensuring staff used them on emergency calls. No service had procedures in place that would have detected the lack of proper use of warning systems.

## External Investigation

The incident was reported to Regional Council in August of 2012 in caucus given the associated labour relations issues. Regional council and senior management had a number of concerns regarding this incident that required further investigation. An external review was determined to be an essential next step in order to answer these questions.

As required by regulation, the Region of Waterloo notified the Ministry of Health Emergency Health Services Branch, Investigation Services about this incident, and the Region's response. The Region also then requested that the Ministry expand the scope of their typical investigation to seek answers to a number of questions, including whether there were any negative impacts on patient health and safety.

The Ministry investigation involved reviewing a sample of the charts from the internal investigation, conducting patient care reviews, a site visit, and interviewing management staff and base hospital staff. It is worth noting that the charts reviewed by the Ministry are not a random sample of charts. Rather they were charts reviewed while investigating concerns about the inconsistent use of warning systems while responding to code 4 calls. Use of Emergency Warning Systems when responding to code 4 calls was the initial focus of the investigation. The ROW EMS quality assurance program and quality of patient care became the subsequent focus of the investigation.

The Ministry completed its investigation and delivered its final report to Region of Waterloo on March 8, 2013. The full report is included in Appendix B. Its main conclusions include the following :

- The management of the Region of Waterloo Emergency Medical Services is not ensuring patient care is consistently being provided and patient care is consistently being documented in accordance with the legislated requirements
- The management of the Region of Waterloo Emergency Medical Services is not ensuring that the paramedics are consistently complying with the direction issued by a communications officer with respect to the assignment of calls to ambulances as required
- The paramedics subject to the analysis were in contravention of legislation in that they did not consistently perform patient care or document patient contact and care as required by the *Ambulance Act*.

Specific examples in the sample of reports from the investigation reviewed by the Ministry include:

- Not consistently activating warnings systems on code 4 calls
- Not consistently documenting vital signs or administration of oxygen
- Walking patients to the stretcher, without documentation as to reason
- Failure to complete documentation within 24 hours of the event

The Ministry Investigation report did not provide specific recommendations as to how to address the problems it identified (as requested by the Region of Waterloo) due to the fact that it had assumed an enforcement role in the course of its investigation. Region of Waterloo's immediate action plan was developed and submitted in writing at the Ministry's request based on preliminary information about the report. It was submitted on March 7 and was deemed to be appropriate and acceptable by the Ministry on March 8 when the final report was issued to Region of Waterloo (see Appendix B).

Following the departure of the Region's Chief of EMS on March 1, 2013, the action plans were modified to include the request for assistance from the City of Toronto EMS.

The key elements of the March 7 plan included the direct involvement of Region of Waterloo senior staff in providing leadership to the response, and assembling an external team of experts to assess the situation, assist the ROW in responding to Ministry concerns, and to provide support for day to day operations. This team included consultants with expertise in EMS service delivery (Pomax), and

City of Toronto EMS management staff.

There was no evidence of patient harm in the sample of call reports reviewed by the Ministry of Health and Long-Term Care. However, the issues identified are serious and will continue to be addressed to ensure ROW fulfills its role in ensuring proper patient care, documentation and quality assurance.

**EMS Service Review:**

The Ministry requires every EMS Service to be re-certified every 3 years. The last certification review for ROW EMS was successfully completed in September 2010. A regularly scheduled re-certification visit is required in order for ROW to be issued an Operating Certificate. The current Operating Certificate expires on September 24, 2013. Preparation for the re-certification process is underway, and is built into the action plan.

**CORPORATE STRATEGIC PLAN:**

EMS strives to decrease premature morbidity and mortality where possible through the delivery of its ambulance service, and contributes to the Strategic Focus area of fostering a safe, inclusive and caring community.

**FINANCIAL IMPLICATIONS:**

Two Toronto EMS management staff have been seconded to Region of Waterloo for a period of 6 months to serve as Interim Director and Special Advisor, Quality Assurance. These costs will be partially offset by the savings resulting from the vacancy in the director's position. It is projected that there will be an additional cost of up to \$60,000 resulting from the secondment. The consulting firm Pomax has been engaged to do an assessment and provide recommendations regarding optimization of organizational structure and roles. The total cost of this work is estimated to be less than \$ 75,000. These costs will be funded within the approved 2013 Public Health Department operating budget and will be reported through the Periodic Financial Reporting process.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

Human Resources, Legal Services, Risk Management and the CAO's Office staff have been involved through various aspects of the investigation and follow-up. The Emergency Health Services Branch of the Ministry of Health and Long Term Care and the Centre for Paramedic Education and Research (Base Hospital) also participated in the investigation.

**ATTACHMENTS:**

Appendix A: Approval letter for Region of Waterloo Action Plan "Excellence in Patient Care", Ministry of Health and Long Term Care, Emergency Health Services Branch  
Investigation Services, March 28, 2013

Appendix B:

Cover letter and Investigation Report: Region of Waterloo Emergency Medical Services  
Ministry of Health and Long Term Care, Emergency Health Services Branch  
Investigation Services, March 8, 2013

**PREPARED BY:** *Dr Liana Nolan*, Commissioner/Medical Officer of Health

**APPROVED BY:** *Dr Liana Nolan*, Commissioner/Medical Officer of Health  
*Mike Murray*, Chief Administrative Officer

**Ministry of Health and  
Long-Term Care**

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**Ministère de la Santé et des  
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Investigation Services file: 12IS-02-184

March 28, 2013

Dr. Liana Nolan  
Commissioner / Medical Officer of Health  
Region of Waterloo  
99 Regina Street South  
Waterloo ON N2J 4V3

Dear Dr. Nolan:

Thank you for your letter of today's date outlining the Region of Waterloo EMS Action Plan "Excellence in Patient Care".

Upon review of the plan and in consultation with Senior Management I would like to advise you that we find your plan appropriate and acceptable.

We look forward to continuing to receive progress reports.

If you require any assistance, please do not hesitate to contact me.

Sincerely,

Rick Brady  
Manager – Investigation Services

c: M. Vahaviolos, Sr. Field Manager Southwest Field Office, EHS Branch  
M. Murray, Chief Administrative Officer, Region of Waterloo

**Ministry of Health and  
Long-Term Care**

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Investigation Services file: 12IS-02-184

March 8, 2013

Dr. Liana Nolan  
Commissioner / Medical Officer of Health  
Region of Waterloo  
99 Regina Street South  
Waterloo ON N2J 4V3

Dear Dr. Nolan:

Thank you for your letter of today's date outlining the Region of Waterloo's Short Term Action Plan to begin addressing the serious issues outlined in our investigation report.

Upon review of the plan and in consultation with Senior Management I would like to advise you that we find your plan appropriate and acceptable.

We look forward to obtaining your progress reports.

I have attached the finalized investigation report.

If you require any assistance, please do not hesitate to contact me.

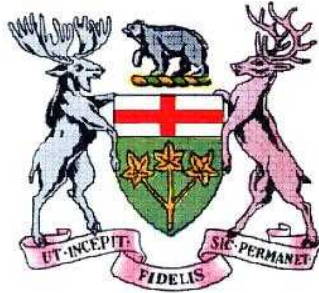
Sincerely,

A handwritten signature in black ink that reads "Rick Brady". The signature is written in a cursive, slightly stylized font.

Rick Brady  
Manager – Investigation Services

c: M. Vahaviolos, Sr. Field Manager Southwest Field Office, EHS Branch  
M. Murray, Chief Administrative Officer, Region of Waterloo

Attachment



**OCCURRENCE NUMBER 12IS-02-184**

**INVESTIGATION REPORT**

**Region of Waterloo Emergency Medical Services**

MINISTRY OF HEALTH AND LONG-TERM CARE  
EMERGENCY HEALTH SERVICES BRANCH  
INVESTIGATION SERVICES  
March 2013

**THIS REPORT HAS BEEN PREPARED BY  
INVESTIGATION SERVICES EMERGENCY HEALTH SERVICES BRANCH  
MINISTRY OF HEALTH AND LONG-TERM CARE  
AND IS AUTHORIZED FOR USE BY THE INTENDED RECIPIENTS**

EMERGENCY HEALTH SERVICES BRANCH INVESTIGATION SERVICES  
INVESTIGATION REPORT OCCURRENCE 12IS-02-184

SERVICE:	Region of Waterloo Emergency Medical Services
INCIDENT LOCATION:	Region of Waterloo
TYPE OF OCCURRENCE:	Quality of ambulance service

## **INTRODUCTION**

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In July 2012 a Paramedic Supervisor employed by the Region of Waterloo Emergency Medical Services (RWEMS) observed an ambulance responding to a Code 4 (urgent) emergency request for ambulance service without the use of emergency warning systems, either lights or sirens, contrary to RWEMS policy and procedure.<sup>1</sup> The Supervisor subsequently checked the ambulance and found that the emergency warning systems on the ambulance were fully functional. When the paramedics were asked why they had not activated the emergency warning systems they said they had forgotten to do so.

RWEMS management commenced an internal investigation and found that the paramedics involved with this call had a history of similar behaviour on multiple emergency ambulance calls. Further investigation by RWEMS management revealed this type of behaviour was occurring with many RWEMS paramedics.

On September 10, 2012 the Ministry was notified of this matter and upon consultation with the Region of Waterloo's Chief Administrative Officer (CAO) and the Commissioner of Health the Ministry commenced an investigation.

The CAO advised that Regional Council was seeking answers to several questions with respect to the use of emergency warning systems, including the following:

- ✦ How could this incident have occurred? Why did management policies and practices not prevent this or detect it sooner? How do RWEMS P&P compare with typical EMS practices or best practices within comparable EMS services? (Do other EMS services have policies / procedures which could have prevented or detected this sooner?)
- ✦ What has been the impact of these practices? Were there any negative impacts on patient health and safety? Has this affected the Region's overall response time statistics?

## **LEGISLATED REQUIREMENTS of CERTIFIED LAND AMBULANCE SERVICES**

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In order to understand the accountabilities related to the findings of this investigation, it is important to have an understanding of municipal land ambulance responsibilities.

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<sup>1</sup> Region of Waterloo EMS Policy 4.3 Response to EMS Incidents



EMERGENCY HEALTH SERVICES BRANCH INVESTIGATION SERVICES  
INVESTIGATION REPORT OCCURRENCE 12IS-02-184

These responsibilities are established by legislation and those that are most relevant to this investigation are outlined below.

- 1) Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper-tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- 2) Subsection 3 (1) of Regulation 257/00 made under The Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.
- 3) The Region of Waterloo is the certified operator of land ambulance service for the municipality and operates RWEMS.
- 4) Subsections 11 (a), (b) and (d) of Regulation 257/00 states in part that the operator and the paramedics employed by the operator shall ensure that patient care is provided in accordance with the *Basic Life Support Patient Care Standards* (BLS Standards) and as required the *Advanced Life Support Patient Care Standards* (ALS Standards) as well as the additional patient care and transportation standards per the *Patient Care and Transportation Standards* (PCTS).
- 5) Subsection 11.1 of the Regulation states in part that the operator and every paramedic employed by the operator shall ensure that patient contact and care is documented in accordance with the requirements of the *Ontario Ambulance Documentation Standards* (Documentation Standards).
- 6) Part I Point 6 of the Documentation Standards states that information contained in reports made under this standard will be of a completeness and quality suitable for use as evidence in an investigation or legal proceeding.
- 7) Part IV of the Documentation Standards requires an ACR shall be completed for each request for ambulance service where a patient was assessed whether or not care and or transport was provided.
- 8) The purpose of the BLS Standards is to state the minimum acceptable level or range of BLS support of patient care performance expected of paramedics in all Ontario ambulance services.<sup>2</sup>
- 9) Point 1 Section N of the BLS Standards requires the paramedic to complete an ACR for each call type detailed in the MOH *Ambulance Call Report Completion Manual* (ACR Manual) in accordance with the procedures detailed in the manual.<sup>3</sup>

## **METHODOLOGY**

Investigation Services utilized the standard investigative procedures routinely applied to investigate concerns about the provision of land ambulance services. The investigators

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<sup>2</sup> BLS Standards Page 2 Purpose of Basic Life Support Patient Care Standards

<sup>3</sup> BLS Standards Part N Documentation of Patient Care

obtained reports and records, such as Ambulance Call Reports (ACR), from RWEMS and conducted in-depth interviews with relevant and available RWEMS personnel.

## **FINDINGS**

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The findings in this report have been organised into three main categories, those being Part 1- Quality of Patient Care, Part 2 - Region of Waterloo Quality Assurance Program, and Part 3 - Use of Emergency Warning Systems on Code 4 (life or limb threatening calls). Each of these categories includes the relevant findings, and a narrative about the importance of the related legislated standards.

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### **Part 1 – Quality of Patient Care**

A major focus of the investigation became determining whether patient care provided was provided in accordance with legislated standards. In order to make this determination a sample of 562 ACRs, provided by the management of RWEMS which they had identified for their internal investigation, were analysed.

Please note that ACRs are the major patient care records used by certified ambulance services and their completion in a full and accurate manner is essential for both the recording of patient care and the provision of continuity of care once ambulance patients are received by hospital emergency departments.

This sample represented the work of 130 paramedics, and comprised 3.43% of the Code 4 call volume experienced by RWEMS between January 12, 2012 and August 20, 2012. Additional demographics related to this sample are provided in Appendix A.

During the ACR analysis nothing was found to cause the Investigators to seek further medical data concerning a patient's outcome. The ACR analysis did identify that patient care was not being provided in accordance with the legislated Standards so it is possible a patient's original complaint was exacerbated.

Additionally, a sample of data from two similar land ambulance services was used in order to provide comparative information. Demographics related to this sample are provided in Appendix B.

### **Key Findings:**

- ✦ The ACR records indicate that the patient care being provided by RWEMS paramedics is not consistently being performed in accordance with legislated Standards i.e. Subsections 11 (a) and (b) of Regulation 257/00 made under the *Ambulance Act*.
- ✦ The comparative service records indicate that the frequency with which RWEMS utilizes emergency return priorities suggests that RWEMS paramedics are using Code 1 return transport priorities to a significant degree.
- ✦ The ACR records indicate that the documentation of patient contact and care is not consistently being performed by RWEMS paramedics in accordance with legislated

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Standards i.e. Subsection 11.1 of Regulation 257/00 made under the *Ambulance Act* and the high frequency of identified documentation issues calls into question the accuracy / integrity of the information contained in these medical legal documents.

A detailed description of the process used to arrive at these determinations is provided in Appendix A.

The legislated standards for patient care, record keeping, and transportation are established by expert emergency physicians and other key stakeholders, and represent a core responsibility for land ambulance services. The standards are carefully crafted to protect vulnerable patients who enter the health care system through the ambulance system.

Adherence to these standards by those entrusted with the care and transportation of the ill and injured is essential for patient safety and departing from these standards is unacceptable.

## **Part 2 – RWEMS Quality Assurance Program**

A detailed review of the RWEMS Quality Assurance (QA) Program was undertaken. This included reviews of various documents and in-depth interviews with those responsible for the program. The RWEMS has a QA staff comprised of one manager and two supervisors.

### **Key Findings:**

- ✦ On paper RWEMS has a QA program however RWEMS is not delivering this program in a manner to ensure patient care is consistently provided and documented in accordance with the legislated standards.
- ✦ RWEMS management is not ensuring that patient care is consistently being provided in accordance with the legislated Standards i.e. the requirements of Subsections 11 (a) {BLS Standards} and (b) {ALS Standards} of Regulation 257/00 made under the *Ambulance Act*.
- ✦ RWEMS management is not ensuring that patient contact and care is consistently being documented in accordance with the legislated Standards i.e. requirements of Subsection 11.1 {Documentation Standards} of Regulation 257/00 made under the *Ambulance Act*.

A description of how these findings were arrived at is provided in Appendix C.

In the area of emergency health services provided by land ambulance service, an organisation's Quality Assurance Program is essential for patient protection and safety. Management is responsible for implementing such a program and the absence of a QA program is unacceptable.

## **Part 3 - Use of Emergency Warning Systems when responding to Code 4 calls**

The concern about the use of emergency warning systems was the precipitating event for this investigation.

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As part of this investigation the following questions were asked:

- ✦ How could this incident have occurred? Why did management policies and practices not prevent this or detect it sooner? How do RWEMS P&P compare with typical EMS practices or best practices within comparable EMS services? (Do other EMS services have policies / procedures which could have prevented or detected this sooner?)

As outlined in Appendix D, sixteen (16) ambulance service operators were polled and it was learned that no ambulance service operator, as a matter of course, compared the documented use of emergency warning systems on an ACR in comparison to the information recorded by the Automatic Vehicle Locator (AVL) systems.

- ✦ What has been the impact of these practices? Were there any negative impacts on patient health and safety? Has this affected the Region's overall response time statistics?

During the ACR analysis nothing was found to cause the Investigators to seek further medical data concerning a patient's outcome. The ACR analysis did identify that patient care was not consistently being provided in accordance with the legislated Standards so it is possible a patient's original complaint was exacerbated.

Land ambulance vehicles are equipped with these systems, comprised of sirens and emergency lights, in order to provide emergency response and transport. Paramedics are expected to use these systems in a safe and effective manner and the use of these systems is coordinated with legislation such as the *Highway Traffic Act* which allows ambulance vehicles lawful exceptions to traffic regulations.

The use of these emergency warning systems is intended to assist with the provision of emergency medical assistance to the acutely ill and injured in as short a time as is safely possible.

**Key Findings:**

A review of relevant ACR records, provided by the management of RWEMS which they had identified for their internal investigation, identified the following:

- ✦ 58.94% of the ACRs analyzed identified that the information documented on the forms was false.
- ✦ Approximately 3% of the ACRs analyzed indicated the paramedics were dispatched on a Code 3 call when in fact they had been dispatched on a Code 4 call, indicating the information on these ACRs was false.
- ✦ 15.82% of the ACRs analyzed indicated that the response time to the scene for Code 4 calls was not appropriate.
- ✦ Of sixteen (16) other certified operators surveyed on the use of emergency warning systems 100% did not as a matter of routine verify documented use of emergency warning systems with the AVL data.

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A description of how these findings were arrived at is provided in Appendix D.

Warning systems are provided on ambulance vehicles to support the care and transportation of those patients for whom time is an important factor in their clinical outcomes.

## CONCLUSIONS

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Given the important findings identified in this investigation, the following conclusions are provided:

- ✦ The management of the Region of Waterloo Emergency Medical Services is not ensuring patient care is consistently being provided in accordance with the requirements of the *Basic Life Support Patient Care Standards* and therefore is in contravention of Subsection 11 (a) of Regulation 257/00.
- ✦ The management of the Region of Waterloo Emergency Medical Services is not ensuring patient care is consistently being provided in accordance with the requirements of the *Advanced Life Support Patient Care Standards* and is therefore in contravention of Subsection 11 (b) of Regulation 257/00.
- ✦ The management of the Region of Waterloo Emergency Medical Services is not ensuring that patient contact and care is consistently being documented in accordance with the requirements of the *Ambulance Service Documentation Standards* and is therefore in contravention of Subsection 11.1 of Regulation 257/00.
- ✦ The management of the Region of Waterloo Emergency Medical Services is not ensuring that the paramedics employed by the Region of Waterloo Emergency Medical Services are consistently complying with the direction or instruction issued by a communications officer with respect to the assignment of calls to ambulances as required Point (a) of the Patient Transport section of the *Ambulance Service Patient Care and Transportation Standards* and are therefore in contravention of Subsection 11 (c) of Regulation 257/00.
- ✦ The Region of Waterloo Emergency Medical Services has not ensured compliance with Part III Subsections (a), (h) and (r) of the *Land Ambulance Certification Standard*, which requires the operator to ensure patient care is being provided in accordance with the legislated standards and paramedics follow the direction of a communications officer.
- ✦ The paramedics subject to the ACR analysis were in contravention of Subsections 11 (a), (b) and 11.1 of Regulation 257/00 in that they did not consistently perform patient care or document patient contact and care as required by the *Ambulance Act*.

**APPENDIX A – Part 1 Quality of Patient Care**

- ✦ The BLS Standards contains the required procedures and steps to be followed by paramedics when assessing, treating and transporting patients. The standards set forth the requirements for primary and secondary assessments, standards for the use of oxygen, load and go, as well as medical, trauma, obstetrical, geriatric and pediatric categories. The BLS Standards also contain the Paramedic Conduct Standard.
- ✦ The Paramedic Conduct Standard states in part that the paramedic will observe standards, policies, procedures, protocols and medical directives and will discharge their duties with honesty, diligence, efficiency and integrity.<sup>4</sup>
- ✦ The Paramedic Conduct Standard states in part that behaviour which is unacceptable to the practice of a paramedic includes falsification of medical records, refusing or neglecting to serve citizens requiring services which are a part of the normal performance of their duties given their current certification status and any other conduct unbecoming of a practicing paramedic.
- ✦ Point 14 Part A of the BLS Standards General Standards of Care states the paramedic will secure, lift and carry patients using appropriate methods and devices.
- ✦ Point 1 Part B Patient Assessment General Principles of the BLS Standards General Standards of Care states the paramedic will on all scene calls, regardless of dispatch priority coding, assume the existence of serious, potentially life, limb and / or function threatening conditions until assessment indicates otherwise.
- ✦ Point 9 Part G Patient Management of the BLS Standards General Standards of Care states in part the paramedic will secure, lift and carry the patient to and from the ambulance, and if the patient refuses to be carried, attempt to convince the patient to be carried, and if the patient walks or is walked to the ambulance, document specific reasons.
- ✦ Part I Patient Refusal of Treatment and/or Transport of the BLS Standards General Standards of Care outlines all steps a paramedic will follow if a patient refuses any proposed treatment and or treatment and transport, and these steps include ensuring the patient is fully aware of any possible negative impact of the refusal, ensuring the patient has the capacity to make a refusal and documenting the refusal on the ACR which includes the patient's signature.<sup>5</sup>
- ✦ The ALS Standards Consent to Treatment and Capacity Assessment also outlines the steps paramedics are to follow when dealing with a patient's decision to refuse treatment. This section of the ALS Standards also requires the paramedics to comply with the refusal section of the BLS Standards.<sup>6</sup>

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<sup>4</sup> BLS Standards Paramedic Conduct Standard Part 2 Paramedic Conduct

<sup>5</sup> BLS Standards General Standards of Care Part I Patient Refusal of Treatment and/or Transport Pages 1-13 and 1-14

<sup>6</sup> ALS Standards Introduction Pages 5 and 6



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- ✦ The ALS Standards Comprehensive Care states in part that when initiating and continuing treatment per these standards a paramedic must ensure that the patient simultaneously receives care in accordance with the BLS Standards.<sup>7</sup>
- ✦ The ALS Standards Responsibility for Care states in part that the highest level paramedic is the ultimate patient care authority and while on scene the highest level paramedic shall assess the patient and make a decision on the level of care required and the level of paramedic required for the care of the patient. The highest level paramedic is also responsible for determining the level of care the patient is to receive during transportation.<sup>8</sup>
- ✦ The BLS Standards General Standard of Care (N) Documentation of Patient Care states in part if minimum required assessments and or interventions are not carried out, document specific reasons on the ACR or ensure that routine documentation clearly reflects the situation at scene.

The results of the analysis of the 562 ACRs provided by the management of RWEMS which they had identified for their internal investigation is as follows:

ITEM	# OF CALLS	% OF TOTAL
ACP / PCP crew configuration	511	90.93
PCP / PCP crew configuration	51	9.07
No ALS assessment documented*	284	55.58
No BLS assessment documented*	89	15.84
No vital signs documented*	6	1.07
Only one set of vital signs documented*	67	11.92
Patient walked - no appropriate documentation*	95	20.08
No oxygen administered when required by patient's condition*	46	9.7
Administration of oxygen inconsistent with the patient's condition*	21	4.4
No spinal immobilization administered when required by patient condition*	36	7.6
Transport position not documented*	44	9.3
No controlled acts performed when apparently required*	51	10.78
Original chief complaint chest pain (49 calls) final problem other*	21	42.86
Patient transported in Jump Seat without appropriate documentation*	40	8.46
No patient transported* **	92	16.37
Transport Code 4 (urgent) <sup>9</sup>	22	4.65
Transport Code 3 (prompt)	324	68.50
Transport Code 1 (deferrable)	127	26.85
Transport CTAS 1 (Resuscitation)	7	1.48
Transport CTAS 2 (Emergent)	55	11.63
Transport CTAS 3 (Urgent)	266	56.24
Transport CTAS 4 / 5 (Less Urgent / Non Urgent)	149	31.50

<sup>7</sup> ALS Standards Introduction Page 7

<sup>8</sup> ALS Standards Introduction Page 10

<sup>9</sup> Total patients transported 473 of 562

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\* This star identifies deficiencies contrary to the legislated patient care standards as contained in Appendix A.

\*\* Few ACRs contained patient' signatures for refusing transport. RWEMS paramedics can use a paper based refusal form and a random sampling was requested and obtained identifying the patient's did sign refusals. The paper based form meets the requirements of the Documentation Standards, though it is maintained separately from the ACR.



**APPENDIX B Part 1 Quality of Patient Care Priority Return Codes**

An analysis of the ACRs to determine the appropriateness of the Code 4, Code 3 and Code 1 returns was conducted with the following results:

\* NOTE: the integrity of the information documented on the ACRs is questionable for accuracy.

Code 4 returns originally showed 22; analysis based on the BLS Standards where a Code 4 return was required identified the total should have been 52.

Code 3 returns originally showed 324; analysis based on the documented Chief Complaint and Final Problem identified the total should have been 336.

(Code 1 returns originally showed 127; analysis based on the documented Chief Complaint and Final Problem identified 12 should have been Code 3 for a Code 1 total of 115.)

In comparison data<sup>10</sup> was obtained for two (2) other ambulance services, based upon 2011 data;

Service A – approximately 2,738 Code 4 calls per month with approximately 270 full and part time paramedics (no ACPs):

Code 4 returns – 20%  
Code 3 returns – 52%  
Code 1 returns – 10%

Service B – approximately 5,182 Code 4 calls per month with approximately 412 full and part time ACP / PCP paramedics:

Code 4 returns – 12%  
Code 3 returns – 65%  
Code 1 returns – 2.5%

Cambridge CACC is providing dispatch services in compliance with the use of the Dispatch Priority Card Index System (DPCI II) to RWEMS in regards to the accuracy of the Call Taking and Dispatching for emergency requests for emergency ambulance service.

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<sup>10</sup> Sunnybrook – Osler Centre for Prehospital Care

**APPENDIX C – Part 2 RWEMS Quality Assurance Program**

- 1) The certified operator of an ambulance service is required to ensure that patient care and the documentation of said care is provided in accordance with the legislated standards per Part V of Regulation 257/00. In order to comply with this requirement a service needs to have a Quality Assurance (QA) program in place.
- 2) According to the RWEMS Manager Training and Quality Programs the RWEMS QA program consists of QA staff going on paramedic ride outs, random on scene evaluations by operations supervisors as well as internal audits and Hamilton Health Sciences Center for Paramedic Education and Research (CPER) audits of electronic Ambulance Call Reports (eACR).
- 3) The RWEMS QA department consists of the Manager Training and Quality Programs and two Operations Professional Practice Supervisors. The program is supported by technical and administrative support staff.
- 4) Of the three QA staff two (2) are trained and worked at the ACP level and all three (3) have on road paramedic experience and participate in continual medical training.
- 5) During his interview the RWEMS Manager Training and Quality Programs said paramedic ride outs and supervisor on scene evaluations are rarely accomplished due to his departments work load and the current RWEMS staffing of having only one (1) on road Operations Supervisor per twelve (12) hour shift.
- 6) The RWEMS Director said their QA program relies heavily on the eACR audits by the QA staff and where applicable CPER to ensure compliance with the BLS/ALS and Documentation Standards.
- 7) The Land Ambulance Service Certifications Standards Part III Operational Certification Criteria states in part for persons seeking to be certified or recertified to operate an ambulance service they must ensure that a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program for the delegation controlled acts by paramedics employed by the applicant/operator.<sup>11</sup>
- 8) Prior to July 20, 2012 RWEMS and CPER were mutually operating under the terms of a previous agreement with the Cambridge Base Hospital Program (CBH) who would randomly audit RWEMS eACRs for compliance with the ALS Standards.
- 9) On July 20, 2012 the RWEMS Director signed a Memorandum of Understanding (MOU) with CPER.
- 10) Under the MOU CPER agreed it will *'develop and implement a continuous quality improvement program to monitor and evaluate paramedic activities related to the performance of paramedics as per legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time; through the following activities;*

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<sup>11</sup> Land Ambulance Service Certification Standard III Operational Certification Criteria (I)

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- *Monitoring the delivery of care as per the ALS Patient Care Standards and other patient care activities through statistical process control, chart audits, observation ride outs, outcome studies, and error and "near-miss" reporting.'*

11) Under the MOU CPER agreed that the 'Service Provider will notify the Base Hospital of deficiencies in ACR patient care documentation.

12) During his interview the CPER Regional Program Director said he could not recall RWEMS notifying them of any audited deficiencies in ACR patient care documentation.

13) Under 7(b) of the MOU CPER agrees '*if requested by the Service Provider, and agreed to by the Base Hospital, the Base Hospital will develop and implement a continuous quality improvement program to monitor and evaluate paramedic activities related to the performance of Basic Life Support (as described in the provincial issued BLS Standards) through the following activities:*

- *Monitoring the delivery of BLS and other patient care activities through statistical process control, chart audits, observation ride outs, outcome studies, and error and "near-miss" reporting.*
- *Develop a continuing medical education program to advance the professional development of individuals performing BLS skills.*

*(i). It is understood that the Service Provider may request only a portion of BLS call activities be implemented by the Base Hospital*

*It is agreed that the cost of implementing 7(d) will be borne by the Service Provider via a transfer of funds to the Base Hospital, as determined by the Base Hospital on a cost recovery basis.'*

14) The RWEMS Director said they do not use CPER for BLS assessment per section 7 (b) of the MOU.

15) The RWEMS Director said as per their signed agreement he expected CPER would provide them with at least a bi-yearly report identifying what audits were performed and the outcomes of those audits but to this date CPER has not fulfilled his expectations.

16) The July 20, 2012 MOU does not contain a clause obligating CPER to provide RWEMS with any reports.

17) According to the CPER Regional Program Director they do not provide yearly reports but they copy the RWEMS Manager Training and Quality Programs on any emails they send to RWEMS paramedics when:

- CPER has identified issues through the audit process that require clarification by the paramedic
- Paramedics have failed to respond within two weeks of CPER notification
- The paramedic has self reported an issue to CPER

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- Any investigation undertaken by CPER pertaining to a complaint pertinent to RWEMS

According to CPER they notify RWEMS within forty-eight (48) hours of any self reported issues.

18) Since January 16, 2012 RWEMS paramedics use a newer tablet based eACR system (Tablet) to complete an ACR, which allows the paramedic to complete the ACR in accordance with the *Ambulance Service Documentation Standards*.

19) The Tablet system has mandatory completion fields which require data be entered before the eACR can be closed. One of the mandatory fields is the paramedic's signature field which requires data to be entered into both paramedic signature fields.

20) RWEMS management acknowledged that either the attending or assisting paramedic can enter any signature (or any data format) into the two signature fields, allowing the system to close the report. This process can occur with or without the knowledge of the assisting paramedic.

21) The system permits both paramedics to view the completed eACR in its entirety on one screen before closing the call at which time the data is automatically forwarded to RWEMS, the receiving facility and CPER.

22) For patient refusals the system allows the patient and or witnesses to the refusal to sign their names on the Tablet.

23) The RWEMS Director said the old tablet screen was small so RWEMS paramedics had the patient and witnesses sign a paper based refusal form.

24) The Director said although they encourage the paramedics to use the new Tablet to obtain signatures most paramedics continue to use the paper form.

25) The Manager Training and Quality Programs said the on shift Supervisor ensures any no patient carried calls and the eACR created during their shift has the paper based refusal in the shift log envelope and the Supervisor will manually review the refusal for compliance.

26) The paper refusal form is eventually scanned into the server by light duty paramedics and maintained in the electronic file with the completed eACR.

27) Information from the Zoll cardiac monitor is transferred to the eACR by a Zoll memory card. Any information not transferred by the memory card is scanned from hard copies and added to the eACR record.

28) Once a paramedic has completed the mandatory fields and entered his/her personal password the eACR is closed and the data is automatically sent to the RWEMS server where it is maintained for ninety (90) days. On the 91<sup>st</sup> day the eACR is automatically sent from the server to archives whether it had been audited by RWEMS or not.

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29) If a server failure occurs each Tablet is capable of storing two hundred (200) eACRs in its internal memory, which can be printed out at any of the hospitals in the Region of Waterloo.

30) An attending paramedic can indefinitely maintain an open eACR in his/her own personal electronic mail box. The assisting paramedic may not know that the eACR has not been completed and submitted in accordance with the Documentation Standards.

31) The Documentation Standards Part I General Standard 5 and 6 states all ACRs shall be completed prior to the end of the shift or work period during which the documented event occurred and where the paramedic responsible for its completion is unable to complete the ACR due to injury or illness the service manager or designate will ensure the ACR is completed within 24 hours of the event required to be documented.

32) The Manager Training and Quality Programs said every twenty-four (24) hours the Tablet database system scans all paramedic personal mail boxes for incomplete eACRs.

33) Where an incomplete eACR is found the system automatically sends an email notification to the paramedic's mail box. The notification reminds the paramedic of the Documentation Standard requirement to complete and submit the form within 24 hours.

34) The Manager Training and Quality Programs said the system can only send the completion reminder to the mail box of the paramedic who created the eACR and acknowledged that the eACRs author can forward the eACR to his/her partners' inbox for completion /confirmation of material or signature but the assisting paramedic would not receive the incomplete email notification.

35) The Manager Training and Quality Programs acknowledged that this can cause problems as the initiating paramedic may be off duty for an extended time and not accessing their mail box and the assisting paramedic would be unaware there is an open incomplete document.

36) During her interview the RWEMS QA IT support staff member said the system could send the reminders to both paramedics involved with the ambulance call but the Manager Training and Quality Programs directed this was not to be done.

37) The Manager Training and Quality Programs disagreed with this statement saying he was told by the IT staff member that sending a notification to both paramedics was not possible.

38) The Manager Training and Quality Programs said the system provides him with a daily report showing the names of the paramedics with outstanding eACRs in their in boxes and the length of time the eACRs have been outstanding.

39) The Manager Training and Quality Programs said he receives an automatic notification if a paramedic has not completed an eACR in seven days at which time he

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personally sends them direction to complete the eACR. He said the process is dependant on his and the paramedics schedule.

40) Every 24 hours after the initial notification, further automatic notification e-mails with wording outlining increased urgency to ensure compliance are sent to the mail box of the creating paramedic.

41) The Manager Training and Quality Programs acknowledged this system does not ensure RWEMS is meeting time compliance with the Documentation Standards.

42) RWEMS management acknowledged they are unaware of any missing eACRs until they receive ARIS Direct Data Access Service (ADDIS) data from Cambridge CACC. RWEMS management asserted that the current ADDIS data is not always reliable or accurate.

43) RWEMS Policy Section 5 Policy # 12 entitled Integrity of the Ambulance Call Report (ACR) Process dated September 1, 2000 and last revised on February 4, 2010 outlines the process to audit and address any concerns identified during an audit of an eACR.

44) RWEMS Policy Section 5 Policy # 12 provides direction and process for the use of the EMS Pro eACR system, which RWEMS used prior to January 16, 2012. The RWEMS Director acknowledged this policy has not been updated to reflect the new process for auditing the eACR created on the new Tablet system.

45) RWEMS Policy Section 5 Policy # 12 states RWEMS is responsible for auditing all:

- CTAS 1 and Code 73 calls and to ensure Incident Reports have been completed as required
- Code 72 calls (no patient carried, patient refusal) for completion
- Return Code 1 and 2 calls for completion
- Return Code 3 and 4 calls for completion and compliance with BLS and ALS Standards.

46) The Manager Training and Quality Programs acknowledged that although the QA policy indicates all calls will be audited; Code 72 (patient refused) and return Code 1 and 2 calls are rarely audited due to a high call volume, limited light duty staff and time constraints.

47) The Manager Training and Quality Programs said he could not say why Section 5 Policy # 12 only requires the auditors to ensure Code 1 and 2 call priorities are reviewed for completion but due to time and staffing constraints he said those priorities were seldom audited.

48) Prior to January 15, 2012 CPER requested RWEMS to sort their completed eACRs into specific call type categories (VSA, completion of delegated medical acts etc.) for them to audit.



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- 49) CPER would then electronically access only those specific call categories and complete an audit based on the percentages contained in the agreement using a CEPR specific audit tool.
- 50) According to CPER prior to January 15, 2012 CPER had no access to all RWEMS eACRs.
- 51) As of January 15, 2012 all closed eACRs are immediately electronically sent as PDF files to the receiving facility and CPER.
- 52) CPER manually sorts the eACRs into calls identified as Vital Signs Absent (VSA) and those where ALS procedures were documented as having been performed as part of the procedures and treatments provided by the paramedics.
- 53) The RWEMS Director said it was his understanding that CPER would audit all calls to ensure the documented ALS interventions were performed consistent with the ALS Standards and to identify those calls where there were omissions in ALS care.
- 54) The CPER Regional Program Director said CPER auditors do not specifically audit for BLS or Documentation Standards issues and acknowledged their audit process does not identify omissions where ALS procedures appear to have been warranted but not documented as being done.
- 55) According to RWEMS Policy #12 the eACR audit process is performed daily by RWEMS light duty staff auditing closed return Code 1-4 calls and, where time permits, Code 7 calls for completeness and accuracy.
- 56) RWEMS light duty Advanced Care Paramedics (ACP) can audit any call while Primary Care Paramedics (PCP) only audit calls involving care provided at the BLS level or to the certification level of the auditing paramedic.
- 57) The Manager Training and Quality Programs said the auditing process is dependant on the availability of light duty staff. He said historically RWEMS has up to ten percent (10%) of their staff on modified duties at any given time and with numerous maternity leaves the QA department often has auditors available for months at a time.
- 58) The RWEMS Director said although it is not an ideal process to only use modified staff to audit eACRs, other similar sized certified ambulance service operators have told him paid auditors often quit due to the monotony of the process.
- 59) RWEMS Operations Professional Practice Supervisor (ACP 43637), who was responsible for the audit process said he personally provides approximately three (3) hours of training to all new and returning light duty paramedics. He said half this time is committed to teaching new auditors how to use the electronic audit system tool.
- 60) During his interview Operations Professional Practice Supervisor 43637 said the audit training focuses on the accurate completion of the eACRs and on BLS patient care issues. He said the training focuses on these issues as ALS issues are generally the responsibility of CPER.

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61) Operations Professional Practice Supervisor 43637 said he relies on the auditing paramedic's personal knowledge and understanding of the requirements of the BLS/ALS and Documentation Standards to audit the eACRs and acknowledged RWEMS does not have a system to audit the auditors.

62) RWEMS provides all light duty paramedics assigned to audit duties with a document entitled tabletPCR audit process Light Duty Staff Manual (LDM).

63) The LDM provides the auditing paramedic with the information contained in Part IV of the Documentation Standards but contains no reference to the *Ambulance Call Report Completion Manual* and the requirements from the manual as to how to complete an ACR.

64) The LDM provides the reader the purpose of the QA process in relation to RWEMS obligations per the BLS Standards and identifies the following top 5 BLS/ALS issues:

- walking the patient
- who is responsible for the patient (who goes in the back)
- vital signs
- provision of oxygen
- not having the necessary equipment at the patient's side

65) Operations Professional Practice Supervisor 43637 said they have identified two (2) major contravention trends through the audit process that continue to exist, those being providing inaccurate or no mileages and walking the patient.

66) Operations Professional Practice Supervisor 43637 said although RWEMS has used training initiatives to address the two issues, patients continue to be walked without justification, and mileages continue to be documented incorrectly.

67) The Manager Training and Quality Programs said at the beginning of the shift the QA staff will tell the auditing paramedic which calls are to be audited on any given day, starting with return priority 4 calls.

68) The Manager Training and Quality Programs said an auditor can select any call from the Code priority mail box to audit which could include their own or a form created by any paramedic they choose.

69) The Manager Training and Quality Programs acknowledged the process is not truly random and can lead to specific paramedics being targeted or friends/partners auditing friends/partners calls.

70) Once an audit has been completed the audit form is either routed by the auditor to the server as being completed with no identified concerns or routed to the Operations Professional Practice Supervisor for follow up on identified issues.

71) The Documentation Standards states in part that the patient care provider who has assessed and or has rendered patient care is responsible for completing the patient care documentation for the person whom he or she assessed or to whom care was provided.



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72) The Manager Training and Quality Programs acknowledged their audits had not identified the consistent contravention of the Documentation Standards being ACPs who are partnered with a PCP not documenting they had completed the primary patient assessment, as required by the ALS Standards. He acknowledged he was not aware of this requirement.

73) The Manager Training and Quality Programs said RWEMS ACPs believe if there is an initial assessment documented on the eACR by the PCP then it was assumed the ACP had performed an assessment and determined the PCP could provide the necessary patient care.

74) RWEMS Policy Section 5 Policy # 12 states the Manager Training and Quality Programs in conjunction with the Operations Professional Practice Supervisors will follow up on any outstanding issues the auditors identify through their audits.

75) During his interview the Manager Training and Quality Programs said although directly responsible for the QA program his primary function is the control and auditing of RWEMS paramedics administration of restricted drugs. He said the Operations Professional Practice Supervisors are responsible for addressing any audit concerns in accordance with their QA policy and consult with him when necessary.

76) RWEMS senior management provided the Operations Professional Practice Supervisors with a document entitled *tabletPCR Audit Process QA Staff Manual* (QA Manual) that describes the auditing tool and the process the Operations Professional Practice Supervisors will follow to address the peer auditors identified concerns.

77) The QA Manual states if the QA management person (Operations Professional Practice Supervisors) agrees with the comments made by the peer auditor than he/she can add their own comments about what action is required from the paramedic and forward the audit to the creating paramedic for action.

78) The Manager Training and Quality Programs acknowledged that the assisting paramedic who signed the eACR is not made aware of any identified issues, the request to address them or any addendum made to the eACR by the attending paramedic.

79) Operations Professional Practice Supervisor 43637 said he can provide the paramedic who created the eACR several levels of access to the original eACR to make changes but in almost all cases the paramedic can only add an addendum to the eACR but not make any changes to the original.

80) The QA Manual states once the call has been returned and corrected to the satisfaction of the QA staff member the call is to be submitted to archives.

81) The RWEMS Director said the wording in the QA Manual was inaccurate as the attending paramedic is not permitted to change anything on the original eACR but can only add an addendum, which is tracked in the Server and can be provided with any copy of a specifically requested eACR.

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82) The Manager Training and Quality Programs acknowledged that there could be times when changes made to the original eACR by RWEMS management (such as adding patient names and information received after the call has been completed) may not necessarily be known to someone receiving an eACR for an investigation.

83) According to Policy #12 the Manager Training and Quality Programs and the Operations Professional Practice Supervisors will ensure staff responds to requests in a timely manner.

84) The Manager Training and Quality Programs said there is no set time for a paramedic to respond to correction requests as it is dependant on the paramedics schedule and the schedule and work load of the Operations Professional Practice Supervisors.

85) Once a paramedic has provided a satisfactory response to the inquiry the Operations Professional Practice Supervisor sends the eACR, with any addendums, to archives as completed.

86) Operations Professional Practice Supervisor 43637 said he maintains a data base of the eACRs that require clarification and the responses received.

87) Operations Professional Practice Supervisor 43637 said in cases where an audit identified significant patient care issues he will personally interview the subject paramedics and obtain Incident Reports (IR).

88) Operations Professional Practice Supervisor 43637 said the usual outcomes of his reviews are remedial education.

89) Operations Professional Practice Supervisor 43637 and the Manager Training and Quality Programs said they could not recall any specific audit that identified a significant BLS Standard issue which required management intervention.

90) All eACRs and records are maintained in the server for five (5) years plus the current year, which is consistent with Part 1 (2) of the *Documentation Standards*.

91) During a meeting with the investigators on December 20, 2012 the Director acknowledged that there were identified concerns with the RWEMS QA system however no changes were anticipated until the investigation report was released, which the Director assumed would hold recommendations, before RWEMS management addresses the concerns and shortcomings outlined in the report.

NOTE:

RWEMS provided audit documentation indicating they had performed a QA Audit of 127 or 23% of the ACRs analyzed for this investigation.

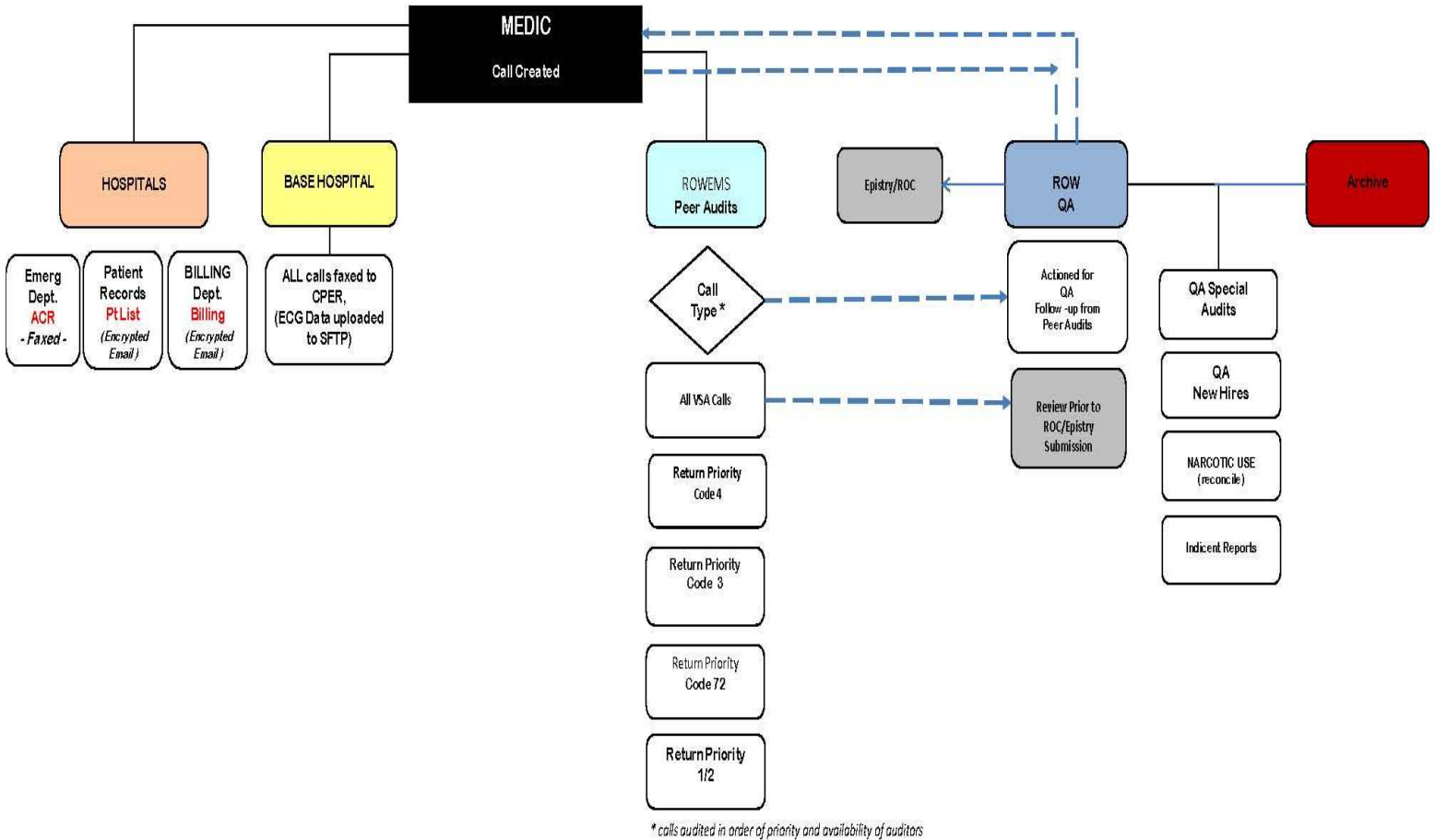
- a. The documentation indicated that 113 calls, or 88.98%, had no issues.
- b. The documentation indicated that 12 calls, or 9.45%, had some issues with the information documented on the ACRs.

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The following schematic was provided by RWEMS outlining their QA process:

Region of Waterloo - Emergency Medical Services  
TabletPCR Call Routing/Audits

01/02/2012 (Revised 10/25/2012)



**Hamilton Health Sciences Center for Paramedic Education and Research (CPER)**

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92) CPER is a party to a signed Memorandum of Understanding (MOU) with RWEMS to provide a QA process and certification of RWEMS paramedics as well as being a party to a signed Performance Agreement (PA) with the Ministry outlining the roles and responsibilities of a Base Hospital program.

93) The PA requires CPER to perform ACR audits based on three categories, those being:

1. a selection of calls where medical directives/protocols have been performed
2. a selection of calls where higher risk is associated with the performance of a skill, i.e. intubation and serious trauma
3. a selection of cancelled calls

94) The PA also requires CPER to ensure that each paramedic in the host hospitals area has a minimum of five (5) chart audits where a controlled act was performed.

95) The CPER Regional Program Director said as they have no access to RWEMS raw data they have no ability to determine if they have audited each RWEMS paramedic at least five times where a delegated medical act had been performed as required under the PA.

96) The Regional Program Director acknowledged that they do have a list of all of the RWEMS paramedics and through a search process they could manually determine if each paramedic has had the required audit numbers. He said due to their current audit system they are not performing that search and as such they can not confirm that they are in compliance with the PA.

97) According to the Regional Program Director CPER is obligated under the PA to audit a selection of certain call types.

- 100% of VSA calls
- 100% of calls where ALS interventions (high risk low frequency i.e. intubation, needle thoracotomy, etc. ) were documented as being used
- 50% of calls where delegated medical acts (DMA) were documented as being used
- 10% of no patient carried calls
- 5-10% of calls where only BLS interventions were documented as being used.

98) Prior to July 20, 2012 CPER and RWEMS operated under the conditions of an MOU that had been in place with the previous Cambridge Base Hospital Program.

99) Under that agreement CPER audited all ACRs where the patient was VSA and a percentage of calls where ALS interventions were documented as having been performed.

100) Per a new MOU with RWEMS, signed on July 20, 2012, CPER is contracted to *monitor the delivery of patient care as per the ALS Patient Care Standards and other*

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*patient activities through statistical process control, chart audits, observational ride outs, outcome studies and error and near miss reporting.*

101) RWEMS has not contracted CPER to audit calls involving only BLS interventions.

102) The Regional Program Director said due to limited human resources CPER does not conduct observational ride outs.

103) As of January 16, 2012 all RWEMS closed eACRs are immediately sent electronically to CPER in PDF format.

104) CPER manually sorts all of the RWEMS eACRs into specific call type categories (see finding 134) for auditing by their peer auditor system.

105) The Regional Program Director said they attempt to audit all call categories within two (2) to three (3) weeks of the date the eACR is received.

106) The Regional Program Director said VSA calls are audited within the expected time frames but the code summary (cardiac report) is usually received one (1) month after the eACR is received so the audited eACR is not archived until the code summary is received and evaluated.

107) The Regional Program Director said the auditor's main focus is towards the documented provision of ALS and delegated medical acts.

108) The Regional Program Director said CPER auditors will evaluate calls in the following categories

- No issues
- Minor/major issue
- Omissions/commission

109) CPER has assigned two (2) of the fifteen (15) paramedic peer auditors not employed by RWEMS to audit RWEMS eACRs. These auditors are scheduled at thirty (30) hours per month but CPER can add extra staff should the workload increase.

110) The Regional Program Director said in accordance with their MOU any BLS issues identified through the audit process are forwarded to RWEMS to address.

111) The Regional Program Director acknowledged that due to their focus on only documented ALS / Delegated Medical Acts (DMA), omissions in the provision of required ALS procedures would not be found unless they become part of the random 5% of calls are audited for BLS issues.

112) RWEMS eACRs found to have documented ALS/DMA issues are forwarded to the CPER Senior Auditors for further review and as necessary for them to action.

113) If the issue is categorized as minor in nature (patient care/documentation) the paramedic is forwarded a copy of the eACR with comments on the audit form for clarification/response from the paramedic.

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114) CPER allows the paramedic two (2) weeks to respond.

115) If the paramedic has not responded within two weeks a second email is sent to the paramedic and copied to RWEMS management to verify if the paramedic may be unable to respond.

116) If the paramedic does not respond within three (3) weeks of the original notification and there are no reasonable excuses for not responding, CPER deactivates the paramedic until such time as the issue can be resolved. In accordance with the PA RWEMS is notified of the deactivation and once the matter is resolved notice of the reactivation.

117) If the eACR audit identified major/critical omissions/commissions the audit form is forwarded to CPER Senior Auditors who upon review may

1. commence a call review or;
2. Initiate an investigation of the call.

118) The Regional Program Director said a call review consists of a review of the identified concerns not the call in total.

119) The Senior Auditors findings from a call review are reviewed by the CPER investigation committee, who meet once a week, and although the call review does not generate a formal report the Regional Program Director said the usual outcome is some form of remediation.

120) The Regional Program Director said RWEMS is copied on all emails pertaining to a call review.

121) The Regional Program Director said an investigation consists of a formal review of the complete call, not just the identified concerns, as well as conducting interviews with the paramedics, review of CACC audio and interviews of any witnesses are undertaken. The CPER Medical Director is involved with an investigation and a formal report is created along with recommendations.

122) The Regional Program Director said RWEMS is formally notified of any investigation and the outcome.

123) The Regional Program Director said as they do not have access to the RWEMS raw data it is difficult for them to specifically identify any trends in patient care unless their auditors subjectively see a trend and report it.

124) The Regional Program Director said CPER also relies upon paramedics self reporting errors or omissions through a confidential email system. All self reported issues are shared with RWEMS management within forty-eight (48) hours.

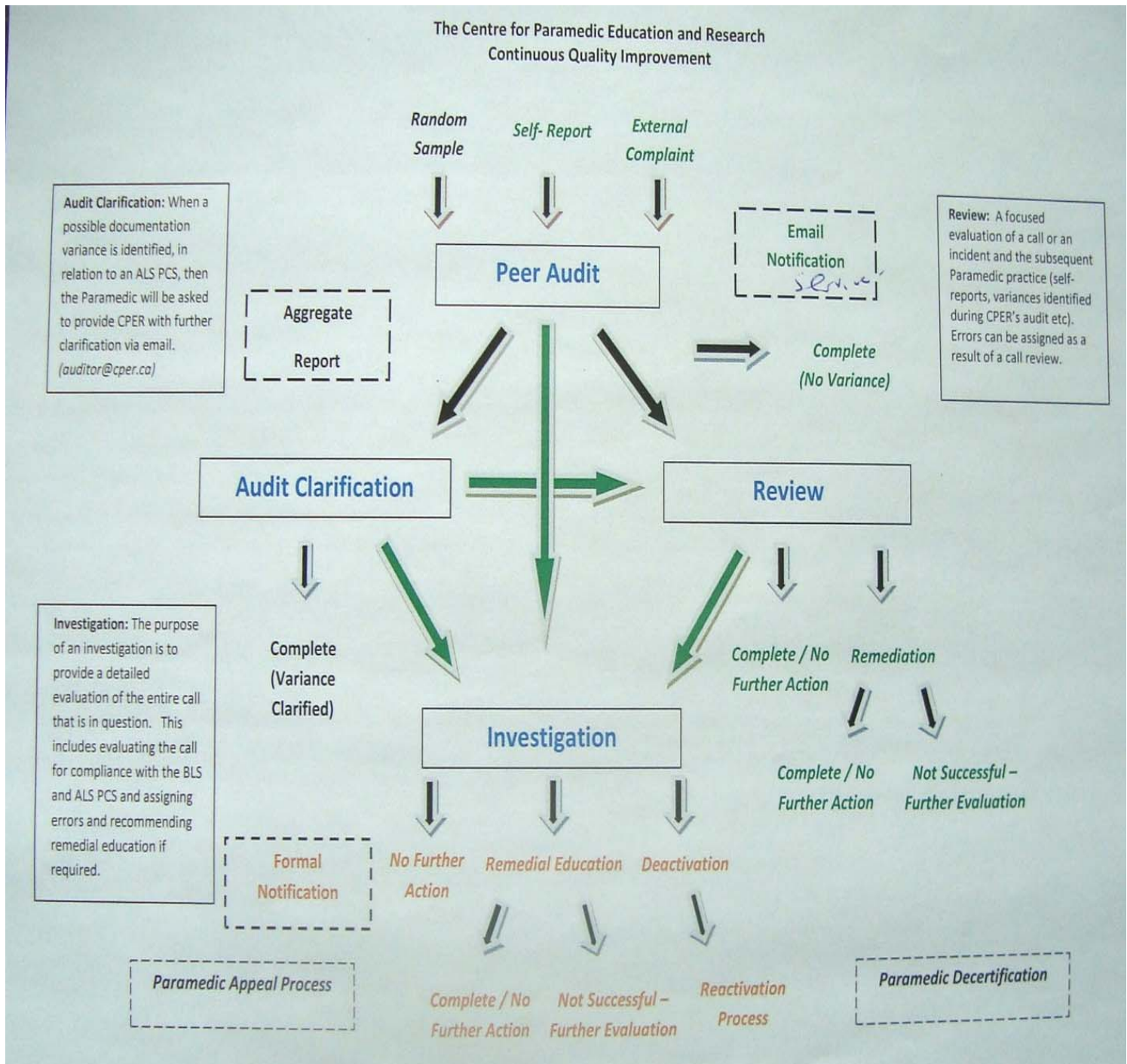
125) CPER was asked for audit results for ten (10) RWEMS eACRS reviewed during this investigation, all involving ALS interventions or omissions.



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126) Of the ten (10) eACRs only three (3) had been audited, none of which identified any concerns. These findings were contrary to the results of this investigation's ACR audits, of which all three (3) identified either ALS contraventions or omissions.

127) The following Chart outlines the CPER QA ACR audit process



**APPENDIX D – Use of Emergency Warning Systems**

The Automatic Vehicle Locator (AVL) data generated by RWEMS ambulances regarding the use of emergency warning systems, speed and route was compared to information contained on the ACRs was reviewed. This comparison revealed:

NOTE: 562 ACRs were provided by RWEMS and 31 were excluded from this review as no AVL data was available for these ambulance calls, leaving 531 ACRs for the review process.

- 1) Point (a) under Patient Transport per the Patient Care and Transportation Standard requires that each paramedic shall ensure they follow every direction or instruction issued by a communications officer with respect to the assignment of calls to ambulances or emergency response vehicles.<sup>12</sup>
- 2) Of the 531<sup>13</sup> ACRs reviewed 76 or 14.31% contained documentation that emergency warning systems were not activated while responding on a Code 4 call.
- 3) Of the 531 ACRs reviewed 171 or 32.20% contained documentation that emergency warning systems were activated while responding on a Code 4 call. The AVL data identified the emergency warning systems were not activated.
- 4) Of the 531 ACRs reviewed 51 or 9.60% contained documentation that the emergency warning systems were used while responding to a Code 4 call. Of these 51 responses the AVL data identified the emergency warning systems were used either partially or were delayed in their activation.
- 5) Of the 531 ACRs reviewed 313 or 58.94% were not documented accurately regarding the use emergency warning systems or response priority.
- 6) The BLS Standards Section 1 General Standards of Care is applicable at all times when a paramedic is providing patient care while on duty.<sup>14</sup>
- 7) Point 2 Part A of the General Standards of Care states in part that the paramedic will use an appropriate route and speed to respond to the scene, adhere to approved driving policies and practices, operate the ambulance and utilize ambulance emergency warning devices in a responsible manner.<sup>15</sup>
- 8) A study published in 2001 by Ho and Lindquist from the Hennepin County Medical Centre in Minneapolis found that the use of emergency warning systems in rural settings saved significant time when travelling to a call.<sup>16</sup>
- 9) A study published in 2000 by Brown, Whitney, Hunt, Addario and Hogue from the State University of New York Health Sciences Centre at Syracuse found that the use

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<sup>12</sup> Ambulance Service Patient Care and Transportation Standards Patient Transport

<sup>13</sup> 31 of the ACRs reviewed were excluded as there was no AVL data available.

<sup>14</sup> BLS Standards General Standards of Care Conditions

<sup>15</sup> BLS Standards General Standards of Care Part A Personal and Patient Safety and Protection

<sup>16</sup> Prehosp Emerg Care 2001 Apr-Jun; 5(2);159-62



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of emergency warning systems in an urban setting reduced ambulance response time by an average of one (1) minute and fort-six (46) seconds.<sup>17</sup>

10) RWEMS Policy 4.3 Point 8 states all ambulances travelling on Code 4 calls shall use appropriate audible and visual warning systems en route. This policy further states it is the Region's position and expectation that the emergency lighting system will be used whenever the vehicle is being moved on a Code 4 basis, whether to a scene or to hospital, and the siren is to be activated whenever there is an additional need to move traffic or when crossing against a red light.<sup>18</sup>

11) Of the 531 ACRs reviewed 15, or 2.82%, contained documentation that the paramedics were responding on a Code 3 (prompt) basis when in fact they had been instructed by a communications officer that they were responding on a Code 4 call.

12) The management of RWEMS stated that up until this investigation it was not part of their regular Quality Assurance Program (QA) to determine if ACRs indicating emergency warning systems were activated would be verified by conducting an analysis of the AVL data.

13) Sixteen (16) certified ambulance services were polled to determine if a) they have policy pertaining to the use of emergency warning systems; b) do they as part of a regular QA audit verify documented use of emergency warning systems by comparing that to AVL data and c) have they encountered a similar situation encountered by RWEMS. The results are as follows:

- ✦ Fifteen (94%) of the services have a formal policy regarding use of emergency warning systems.
- ✦ 100% of the services did not as a matter of routine verify documented use of emergency warning systems with AVL data.
- ✦ 100% of the services reported they would verify use of emergency warning systems with AVL data when conducting investigations of complaints.
- ✦ Two (12%) of the services have the ability to view real time data which would allow for the monitoring of the use of emergency warning systems when a staff member is available to perform such monitoring.
- ✦ One (0.06%) service has a system in place where an automatic email is sent when an ambulance exceeds the permitted speed policy which allows for immediate verification of the reason for the speeding and the use of emergency warning systems.
- ✦ One (0.06%) of the services is in the process of acquiring new AVL technology which will include the ability to better track the use of emergency warning systems as required by policy.

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<sup>17</sup> Prehosp Emerg Care 2000 Jan-Mar;4(1);70-4

<sup>R</sup>Region of Waterloo Public Health Emergency Medical Services Policy & Procedure Manual Section 4  
Policy 3 Point 8

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- ★ Two (12%) of the services will, as a result of this poll, change their QA process to verify documented use of emergency warning systems with AVL data.
- ★ None (100%) of the services reported having similar systemic issues of not using emergency warning systems as experienced by RWEMS.

14) Of the 531 ACRs analyzed, 447 or 84.18% indicated that the response time to the scene appeared appropriate.

15) Of the 531 ACRs analyzed 84 or 15.82% indicated that the response time to the scene was not appropriate.